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I am greatly indebted to the members of
Alcoholics Anonymous who have made this study pos-
sible, and to Mrs. Elizabeth Whitney, Executive
Secretary of the Boston Committee for Education on
Alcoholism, for her interest, encouragement, and
direction.

A Thesis

Submitted by

Margaret Rita Nolan

(B.L.I., Emerson College, 1925)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1946

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Material was gathered from several sources, first, from attendance at activities of Alcoholics Anonymous; second, from discussions with women alcoholics; third, from interviews with specialists on alcoholism; fourth, from direct observation of the women whose cases are presented; and fifth,

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CHAPTER I

PURPOSE AND METHOD OF THE STUDY

The purpose of this thesis is to study alcoholism as a disease for which there is at the present time no cure, but a disease from which many sufferers have achieved a satisfactory social adjustment through total abstinence. This study will attempt to cover: first, Alcoholics Anonymous as a community resource for the mass rehabilitation of alcoholic women; and second, six case studies of the work that is being done for women alcoholics. A study of Alcoholics Anonymous involves such questions as these: what type of woman will accept Alcoholics Anonymous? What kinds of treatment does Alcoholics Anonymous offer? What factors are involved in temporary help, improvement, and recovery?

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Material was gathered from several sources, first, from attendance at activities of Alcoholics Anonymous; second, from discussions with women alcoholics; third, from interviews with specialists on alcoholism; fourth, from direct observation of the women whose cases are presented; and fifth,

from readings in books and periodicals on medicine, psychology, religion, and alcoholism.

CHAPTER II

The problems examined in the case studies are believed by the writer to be representative of the problems faced by alcoholic women in the community at large.

The schedule used in the case studies is shown in the Appendix.

For many centuries physicians were satisfied with society's verdict that habitual excessive drinking was a moral defect bordering on criminality.¹ As physicians, they were concerned with alcoholism only as it appeared to make necessary treatment for some physical malady arising out of the persistent use of alcohol. When, however, the study of mental disorders became a systematic branch of medical investigation, the attitude of the physicians, many of them at least, changed. Attention was directed not only to the so-called alcoholic diseases, but also to the underlying emotional aspects of alcoholism.

Most modern ideas have forerunners, and the modern idea that alcoholism is a disease was expressed hundreds of years before it was considered to be a common medical problem. In 1804 the first truly medical view of alcoholism was formulated by the Scottish physician, Dr. Thomas Trotter, who gave the following definition: "In medical language, I consider drunkenness, strictly speaking, to be a disease, produced by a remote cause, and giving birth to actions in the living body that disorder the functions of health."²

¹ Haggard and Jellinek, Alcohol Explored, p. 141.

² Thomas Trotter, An Essay, Medical, Philosophical and Chemical on Drunkenness and Its Effects on the Human Body, p. 62.

CHAPTER II

ALCOHOLISM, THE ALCOHOLIC PERSONALITY, AND ALCOHOLIC WOMEN

For many centuries physicians were satisfied with society's verdict that habitual excessive drinking was a moral defect bordering on criminality.¹ As physicians, they were concerned with alcoholism only as it appeared to make necessary treatment for some physical malady arising out of the persistent use of alcohol. When, however, the study of mental disorders became a systematic branch of medical investigation, the attitude of the physicians, many of them at least, changed. Attention was directed not only to the so-called alcoholic diseases, but also to the underlying emotional aspects of alcoholism.

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2 Thomas Trotter, An Essay, Medical, Philosophical and Chemical on Drunkenness and Its Effects on the Human Body, p. 62.

The conception of alcoholism as a disease is being slowly accepted. It is now universally accepted by students of alcoholism, but the idea has not yet been fully accepted by the medical profession generally, nor by the public.

The recognition that excessive drinking was in many cases a disease led to a search for its cause. The progress of research was impeded because of the similarity of symptoms between habitual excessive drinking and compulsive alcoholic addiction. Heavy drinkers and alcoholics are distinctly different. The former is the result of bad habit; the latter is a disease. However, habitual excessive drinking may lead to alcoholism. Seliger thinks that the bad habit becomes an illness when drinking becomes a dominating force in the individual's life. This often happens by a process imperceptible to the drinker. Drinking gets out of control partly because drinking creates difficult problems which the drinker attempts to meet with more drinking.³

Peabody differentiated between the two: for the heavy drinker a pure night's sleep ends a particular alcoholic occasion; for the alcoholic, on the other hand, a period of sleep is but an interval between drinks.⁴ From this it can readily be seen how dangerous a drink the first thing in the morning may be, especially when the drink is taken to alleviate the depression which follows relief from intoxication. The effect of the one drink is exhilarating, but fleeting. The exhilaration can be maintained only by subsequent drinks.

³ Robert V. Seliger, Alcoholics Are Sick People, p. 12.

⁴ Richard Peabody, The Common Sense of Drinking, p. 68.

Alcoholics Anonymous describes alcoholism as a shattering sickness, physical, emotional, and spiritual, which is an obsession of the mind coupled with an "allergy" of the body. Although the chief emphasis has been placed upon the emotional maladjustments of the sufferers, the cause of the disease is not known. In 1890, Madame LeGrant, a famous French therapist, stated that there is no cure, but that some alcoholics can be taught to drink water.⁵ The same holds true today. Genevieve Parkhurst obtained the opinions of forty leading medical authorities on this subject. Thirty-four believed that alcoholism is caused by some deep mental and emotional disturbance of which drinking is only a symptom. Eight contended that its cause lies in some fundamental chemical derangement and that its cure must therefore be chemical; they assert that at some future date a chemical will be discovered which will do away with the allergy which makes some peoples' systems intolerant to alcohol.⁶ Henderson describes the craving for alcohol as an intolerable frenzy which can be fully appreciated only by those who have experienced it. He believes the problem to be purely biochemical in nature. He states:

Just as the body of the diabetic loses the power of changing the sugar ingested into an assimilable form and is said to develop an intolerance for sugar, so the alcoholic addict gradually loses his tolerance for alcohol and the craving seems to grow. . . . It will be found that those individuals who cannot use alcohol normally are deficient in some substance probably present in the cortical cells. . . . Treatment will be simple and will consist in the administration of suitable doses of this substance to those individuals deficient in it who wish to enjoy the benefits of alcohol. . . . Cure will not be achieved by the psycho-analyst or

5 E. M. Jellinek, a speech delivered at the fifth anniversary dinner of Alcoholics Anonymous in Boston.

6 Genevieve Parkhurst, "Laymen and Alcoholics," Harper's Magazine, Sept., 1941, p. 429.

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5 E. M. Jellinek, a speech delivered at the fifth anniversary dinner of Alcoholics Anonymous in Boston.

6 Genevieve Parkhurst, "Laymen and Alcoholics," Harper's Magazine, Sept., 1941, p. 432.

sociologist. All evidence is in favor of an organic derangement and indicates a purely scientific problem.⁷

At the present time an alcoholic remains an alcoholic throughout his life. Alcohol is poison to him and after the first drink his craving is compulsive and uncontrollable. The only recovery is through total abstinence. Haggard and Jellinek believe that the solution to the common cause is not necessary to the solution to the problem, but the general recognition of alcoholism must be directed to the alcoholic himself. "An alcoholic addict is a person with an uncontrollable craving for alcohol. The outstanding criterion is the inability to break with the habit. Alcohol serves the purpose of creating an artificial social adjustment."⁸

The Alcoholic Personality.

Landis has engaged in research concerning the personality type of the alcoholic, using Allport's definition of personality: "Personality is the dynamic organization within the individual of those psychological systems that determine his unique adjustments to his environment."⁹ Elsewhere Landis states:

. . . While most persons would say that the typical drunkard could be characterized about as follows: he is friendly, garrulous, quick-tempered, unpredictable, not too truthful, extroverted, weak-willed, flashy, changeable, impulsive, poorly adjusted to life, superficially sociable, and inadequate as a son, husband, or father, psychological studies have indicated that very few alcoholics can be so typified. The findings are that

7 J.P.Henderson, "Alcoholic Craving from the Subjective Point of View," British Journal of Inebriety, Vol. 42, pp. 44-51.

8 Haggard and Jellinek, Alcohol Explored, p. 144.

9 Carey Landis, "Theories of Alcoholic Personality," in Alcohol, Science, and Society, pp. 129, 142.

there is no unitary grouping which truly characterizes any considerable number of individuals addicted to the use of alcohol.¹⁰

Since no unitary personality organization which might be termed typically alcoholic has been found, other investigators have been making a search to discover whether certain traits and attitudes are correlative in groups of alcoholics. Tiebout says the syndrome of alcoholic addiction contains these elements: first, an intermittent pattern of drinking which results in periodic release of tension; second, a typical superimposed pattern of personality reactions characterized by an egocentric approach to life; and third, a progressive downhill course ending ultimately in chronic compulsive drinking. During the intermittent stage, the individual suffers pangs of remorse, guilt and contrition following inebriation. He vows never to let himself get out of hand again. Sooner or later, however, the let-down feeling vanishes and is replaced by a slowly rising psychic tension. Remorse and similar feelings seem to disappear and evidence of energy and the need for action are present. As tension rises further and memory of the recent inebriation recedes, the fun and excitement of the experience loom larger in the mind of the sufferer. Soon another alcoholic occasion is begun, to be followed by its termination and consequent let-down.

An important variation to this intermittent picture is after the individual has begun to fight the urge to go on sprees; the lure of excitement fades and the battle against the urge causes the individual to resist his inner impulses. He then discovers strength behind them because, despite his best efforts, he is powerless to keep from going on a spree. He now appreciates that something is happening to him and that he is getting into real trouble. By this time he does not enter upon his spree with the

¹⁰ Ibid. Harry M. Tiebout, "Syndrome of Alcohol Addiction," *Quarterly Journal of Studies on Alcohol*, Vol. 5, Number 4, pp. 535-545.

carefree unconcern of the past. He is more conscious of the need for control and aware of the battle to maintain it. The battle for control, however, in no way changes the intermittent picture of the condition. . . . He becomes sorry for himself because nobody is considerate of him and his feelings even if they are unvoiced.¹¹

The second stage changes the personality picture. Regardless of the original type of personality picture, as the illness becomes acute there seems to be manifest a tendency for the individual to react in essentially "egocentric" patterns. A cluster of egocentric traits become welded together. The nuclear pattern is described: first, there is a persistent need for domination. Fun, excitement, the urge to live dangerously--these traits are exhibited now, and these all seem to arise out of the individual's deep-seated need to dominate. Second, a negative feeling-tone is present, and manifestations of anger, defiance, hostility, and resentment are present; these emotions are apt to appear on relatively slight provocation. And third, a feeling of tremendous relief: the feeling that "everything is wonderful" is evident; the need for expression in these highly affirmative moods is often the cause of the sexual adventures of the alcoholic. Things are beautiful, and the sick people seem in this mood to delight in talking of huge matters; and, as a matter of fact, the individual who shares in this typical behavior has been humorously described as an "individual whose feet are firmly planted in mid-air." Fourth, a sense of loneliness and isolation emphasizes the alcoholic's differences. In such a mood it is not possible for him to feel close to people. However, during this period of felt isolation, he can be and frequently is affable, good-natured, and friendly.

¹¹ Harry M. Tiebout, "Syndrome of Alcohol Addiction," Quarterly Journal of Studies on Alcohol, Vol. 5, Number 4, pp. 535-546.

All of these manifestations depend, however, upon the mood of the moment. Fifth, a seeming contradiction: feelings of inferiority and superiority mingle and exist simultaneously. Sixth, a striving for perfection and self-control. Alcoholics are generally surprised to learn that their impulses are the result of inner compunction; they are equally surprised to learn that there is little that can be done for their reactions to alcohol. Upon learning these facts, the alcoholic's idea of the orderly way things ought to be is upset. The third stage, where intermittence has been changed into a more or less constant alcoholic pattern, makes it necessary for the alcoholic to be permanently hospitalized. And death is not infrequently the result.¹²

Alcoholic Women.

There is a greater incidence of alcoholism in men than in women. Ten per cent of the four Alcoholics Anonymous groups studied by the writer were women. Haggard and Jellinek think that there are five to six times as many alcoholic men as women in the United States. Proponents of the biological theory have suggested that women do not become inebriates because they have greater biological resistance than men; others have suggested that women are saved from alcoholism because of a weaker biological resistance than men which makes them shun it. Haggard and Jellinek think the issue to be cultural rather than biological. There is a wide variation in the numbers of alcoholic women in different countries. In Scandinavia the ratio of male and female addicts is twenty-three to one; in Germany twelve to one;

¹² Ibid.

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of alcoholic women in different countries. In Scandinavia the ratio of
male and female addicts is twenty-three to one; in Germany twelve to one;

in England two to one.¹³ The Psychiatric Institute of the Municipal Court of Chicago shows that in the past twelve years the ratio between women and men drunkards appearing before the court has increased from one to five to one to two. Twenty-five years ago there was only one woman to twenty-five men alcoholics.¹⁴

Alcoholics Anonymous states that the potential feminine addict becomes definitely alcoholic in a much shorter period of time than does the male alcoholic, and she deteriorates much faster.¹⁵ Wall found the average length of time between definite addiction and hospitalization in men to be twenty years, while for women it is thirteen years.¹⁶ A factor in the rapid psychological deterioration in women may be the relatively more guilt they face in terms of community standards.

Alcoholics Anonymous also reports that women more frequently have religious conversions and are more likely to possess a certain readiness for religious experience. The female temperament is more sensitive and intuitive than the male.

Dr. Wall made a study of the total consecutive admissions for alcoholism (from 1926-1935) in Bloomingdale Hospital, White Plains, New York. One hundred men and fifty women had been admitted during that time. Following is a summary of the differences noted: The homosexual element manifested as jealousy by the male was not a significant factor in the women. Men preferred company of their own sex; the females were different: they preferred men for company and disliked other women. Loose heterosexual activ-

¹³ Huggard and Jellinek, Alcohol Explored, p. 250.

¹⁴ Anonymous, Editorial, The Grapevine, Vol. 2, Number 8, p. 7.

¹⁵ Anonymous, Alcoholics Anonymous, p. 45.

¹⁶ James Wall, "A Study of Alcoholism in Women," American Journal of Psychiatry, Vol. 93, pp. 933-43.

ity was noted among the women, but their heterosexual inclination was not always directed to the same person; it seemed rather to be in the nature of a gesture suggesting over-compensation. The alcoholic woman suffers deeply from a social insufficiency. The woman who is not capable of coming close to other human beings and is conscious of it easily develops into an alcoholic. She feels that some very special favors ought to be given her. She feels that she has a beautiful body and that she ought to have not only the satisfaction of her own love, but also that of others, too. A tension arises out of this conflict which is relieved by alcoholic indulgence.

The alcoholic hallucinations of the women revealed the fear that they or their loved ones might be cut to pieces. Examination showed that the psychological relationship between mother and daughter had been severely disturbed. A homosexual relationship between the mother and daughter had caused a disturbance in their fundamental human relationship. The women suffered premenstrual depression. They were annoyed by the periodic physiological function. The emotional attitudes toward menstruation were interpreted as an insult to narcissistic personalities. Their heterosexual relationships were far from normal; their marital adjustments poor and their marital partners were either much older, much younger, alcoholic, or psychopathic.

Temper-tantrums in childhood were outstanding among the women. Noticeable was the absence of strong attachments to any of the members of the family. Restlessness, unhappiness, and boredom were constantly present. Although superficially friendly and affable, they were sensitive and unable to unburden their deeper emotional conflicts. They derived little satisfaction from home-making and domestic pursuits. They did, however, possess

considerable ability in professional and artistic endeavors.

Dr. Wall also expressed the opinion that the number of women drug addicts is growing. Such barbituates as phenobarbital and barbital are being more commonly used. This is especially true among hypochondriacal women, and among women who suffer from insomnia.¹⁷

Bill, the founder of Alcoholics Anonymous, began drinking while he was an officer during the first world war. As a veteran, at the age of twenty-two, with talent for leadership, he imagined he would soon move ahead to some position of responsibility. However, he almost failed in a law course he was pursuing because he was intoxicated during the final examinations. Although his drinking was not continuous, his wife had grave forebodings. He sought to ease her anxieties by explaining to her that men of genius conceived their best projects while drunk.

Financial leaders became Bill's heroes, and he became a successful Wall Street broker. For a few years fortune seemed to throw money and praise at his feet. He contracted golf fever which permitted him to drink daily as well as at night. In 1929 Bill abruptly went broke. He went to Canada to a friend who still had money to get a fresh start. His drinking interfered, however, and he returned to New York to live with his wife's parents. His wife secured a position in a department store. Bill had no real employment for the next five years, although occasionally he made some money on small stock market deals. He used the money thus got to pay his bar and liquor bills.

When, in 1932, Bill received a promising business opportunity, he tried desperately to stop drinking, but by now it had become a necessity

¹⁷ Ibid.

CHAPTER III

FOUNDING, DEVELOPMENT, AND OBJECTIVES OF ALCOHOLICS ANONYMOUS

Bill, the founder of Alcoholics Anonymous, began drinking while he was an officer during the first world war. As a veteran, at the age of twenty-two, with talent for leadership, he imagined he would soon move ahead to some position of responsibility. However, he almost failed in a law course he was pursuing because he was intoxicated during the final examinations. Although his drinking was not continuous, his wife had grave forebodings. He sought to ease her anxieties by explaining to her that men of genius conceived their best projects while drunk.

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When, in 1932, Bill received a promising business opportunity, he tried desperately to stop drinking, but by now it had become a necessity

with him. His brother-in-law, who was a physician, placed him in a hospital for the rehabilitation of alcoholics. After physical treatment and the help of psychotherapy, Bill felt that he understood the disease and could master it. When he resumed drinking after four months of sobriety, it was a devastating blow to his pride. His wife asked the doctors why he could not resist alcohol, and was told that Bill, despite his surface self-confidence, was trying to release inferior feelings through the use of alcohol. Because he had been awkward and shy as a child, he had developed overcompensations in a fierce desire to show other people that he could be a success. He craved approval.

Bill became resigned to the bitter end that awaited him, and almost welcomed it; but when Ebbie, a recovered alcoholic, came to see him in October, 1934, Alcoholics Anonymous began to take shape. For Ebbie, who had been aware of his own predicament and mastered it, it was painful to see Bill. However, Ebbie did not pity Bill; he asked him to try the method of recovery that had led to his release from dependence upon alcohol, which was to accept his responsibility for his illness, to search for attitudes that he needed to change and for ways to change them.

Although Bill had been impressed with Ebbie's remarks, he kept on drinking. He asked himself whether he was any better off than a cancer patient. Deciding that he was not, he returned to the hospital to get the alcohol out of his system. He was willing to try anything in the interest of recovery. When Ebbie visited him he asked him to relate the facts of his recovery. After Ebbie left the hospital Bill was thrown into utter confusion; he became terribly depressed. In that depression he called out: "If there is a God, He will show Himself." Suddenly it seemed to him that

the room had grown brighter. It seemed to him that he was atop a high mountain and that a breeze was blowing about him; he felt free.

Bill left the hospital, thinking his troubles were over; but he had not realized that with his illumination had come serious liabilities. He believed that God had selected him to comfort and help to cure all the alcoholics in the world. He wanted to assist other alcoholics to have the same spiritual experience that he had had. He worked hard with other alcoholics for six months without a single success.

At this point he went to Akron, Ohio, on a business mission. Had he been successful in this enterprise, he would have been set; the venture failed, and he was left in bitterness and with a law suit. He was discouraged, physically weak, and without funds. As he paced the hotel lobby he was attracted to the crowd in the gay bar. He knew his predicament was dangerous. He had some moments of indecision before going into the telephone booth. He called a clergyman whose name he had selected at random from a church directory. He asked if the clergyman knew of an alcoholic he might talk with. It was through this telephone call that Bill met the co-founder of Alcoholics Anonymous. Dr. Bob was at, or at least nearing, the nadir of alcoholic despair. Bill realized that he was not trying to preach from the vantage point of a wonderful spiritual experience, but that he was looking for another alcoholic in order to maintain his own sobriety.

Dr. Bob recovered. Together they set out to help others. Progress was slow. They analyzed their approach to each alcoholic and decided that Alcoholics Anonymous ought not to have a fixed set of rules, but must be an experiment that would expand and grow--based upon personal experience. They looked for their mistakes and capitalized on their errors. Gradually the

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fellowship began to grow. At the end of the first year there were five; at the end of the second year, fifteen; and at the end of the third year, forty. The fourth year there were one hundred members¹ Such is the story of the beginning of Alcoholics Anonymous. By 1945 the fellowship had grown to 15,000 members with groups in three hundred and sixty-seven communities in the United States.²

The organization gained recognition gradually. Many employers, creditors, and townspeople first learned of the fellowship through a member who righted some wrong he had done. Generally the persons who acquainted these employers and creditors with the fellowship were persons who were truthful about all their actions, including their former drinking habits. An illustration of this follows: an attorney accepted a sum of money from a bitterly hated business rival while drinking. There was no receipt. The attorney subsequently denied having received the money and used the incident to discredit his rival. While progressing in the Alcoholics Anonymous way of life, the attorney felt he had done a wrong which he could not right. If he opened the old affair he would discredit or jeopardize his partner's as well as his own reputation. After consulting with his partner and his wife, he came to the conclusion that it was better to take the risk of ruining his reputation rather than stand before his Creator guilty of such a crime. He realized that he would have to place the whole matter in God's hands or he would begin drinking again. He attended church for the first

1 Harry M. Tiebout, "The Therapeutic Mechanisms of Alcoholics Anonymous," American Journal of Psychiatry, 100: pp. 468-473.

2 W.W., "The Fellowship of Alcoholics Anonymous," Alcohol, Science and Society, p. 473.

time in many years. After the sermon he got up and quietly announced his guilt. His action met with widespread approval, and today he is one of the most trusted individuals in his community.³

The publication of the book, Alcoholics Anonymous, in April, 1939, was a milestone in the history of the fellowship. The book is an enthusiastic appeal to all alcoholics who wish to recover. The techniques of recovery are told in simple, concise language. The book represents the pooled experiences of one hundred men and women who recovered, though many of them had been considered helpless by the medical profession.

Members read the book daily and encourage the newcomers to do the same. Many have recovered by the use of the book alone, and have set out singlehanded to begin a group in their community.

The attention of doctors and psychiatrists was gained through remarkable recoveries in the fellowship. Dr. Tiebout says his first contact with the group came through a thirty-four year old woman who had been under his care for several months at the Blythewood Sanatorium. She had been a chronic alcoholic for many years, and despite intelligence and family position and earlier successes, she had literally hit the gutter. A steady decline in her fortune had left her penniless. Although no patient wanted to get well more desperately or cooperated more wholeheartedly in a program of recovery, the results were not satisfactory.

Finally it became clear that she possessed a character structure which, despite her best efforts and mine, persisted unshaken and was clearly the cause for her continued drinking. One day a copy of Alcoholics Anonymous came into her hands; it was still in manuscript form. I had read the book and had found in it a description

³ Anonymous, Alcoholics Anonymous, p. 93.

time in many years. After the sermon he got up and quietly announced his
 guilt. His action met with widespread approval, and today he is one of
 the most trusted individuals in his community.³

The publication of the book, Alcoholics Anonymous, in April, 1936,
 was a milestone in the history of the fellowship. The book is an enthusi-
 astic appeal to all alcoholics who wish to recover. The techniques of re-
 covery are told in simple, concise language. The book represents the
 pooled experiences of one hundred men and women who recovered, though many
 of them had been considered hopeless by the medical profession.

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of my patient. When I gave her the book I intended to jar her a bit with it, but she responded more readily than I had supposed. She arranged to go to a meeting of a nearby fellowship. Very shortly she became a successful member. And even more surprising was the change which occurred in her character structure while assimilating the program. The character structure which had been impossible for her to escape and which was one of the direct causes of her alcoholism seemed to vanish, and in its place was a character structure which permitted her to renounce alcohol. The narcissistic egocentric core which was dominated by feelings of omnipotence, intent upon maintaining at all costs its own integrity, was dissolved. The aggression subsided materially. With the foregoing changes occurred others: the feeling of being at odds with the world vanished, and with the feeling of being at odds with the world vanished her suspicion of the motives and attitudes of others. A sense of peace and calm ensued with real lessening of inner tension; the lines on her face softened and became more kindly. That hard inner core was being altered, altered so sufficiently as to bring about the patient's recovery for the past five years. ⁴

In the early trial and error days of the fellowship, members flocked to the brother who had relapsed. Alcoholics Anonymous is not set up to be a place of rendezvous for periodic drinkers while they are "on the wagon". With the refinement of their twelfth step technique, members are more discriminating. This discrimination leads to more effective work with those who sincerely wish to get well. A result of this has been the increase in recoveries, which at the present time is seventy-five per cent.⁵ Alcoholics Anonymous considers an alcoholic who has been sober and active in the fellowship for a period of one year to be recovered, since in the experience of Alcoholics Anonymous such a person rarely relapses.

Most of the early recruits of the fellowship came from the group Dr. Tiebout calls the third stage of alcoholic addiction. These were more or

⁴ Harry M. Tiebout, "Therapeutic Mechanisms of Alcoholics Anonymous," American Journal of Psychiatry, Vol. 100, Number 4, pp. 468-473.

⁵ Ibid.

less permanently drunk or under custodial care. These people were forced to do either or three things: first, remain permanently hospitalized; second, die; or third, submit themselves to a power greater than themselves and seek help from a spiritual source through which they might alter their personalities. Today Alcoholics Anonymous is interested in a program which is really a post-war challenge. The fellowship is trying to reach the young veteran who is on the way to becoming an uncontrolled alcoholic. Chaplains, army and navy doctors, and officers at separation centers refer men to Alcoholics Anonymous, but the most effective means has been the moving of the fellowship into the armed services themselves. Army and navy officials have aided in this program by providing club rooms and Alcoholics Anonymous literature.⁶

The first issue of The Grapevine, a monthly journal devoted to the problem of alcoholism, appeared in June, 1944. It was and still is the hope that through the journal all alcoholics may be bound together for a mutual aid. It was first edited by a staff of volunteer members. A copy was sent to all the Alcoholics Anonymous groups in the country. It received subscriptions from one hundred and sixty-five people. Copies are sent free to all members in the armed forces. The journal now has two thousand subscribers, and a regular paid staff has taken over the job of editing it.⁷

The first group in Massachusetts was begun in 1940. This group has expanded, and now there are thriving groups in Boston, Brookline, Mattapan, Dorchester, Cambridge, Newton, Woburn, Quincy, Brockton, New Bedford,

6 Anonymous, "Post War Challenge," Grapevine, Vol. 2, No. 4, pp.1,6.

7 Anonymous, "The Grapevine Past, Present and Future," Grapevine, Vol. 2, No. 4, p. 1.

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Falmouth, Lynn, Haverhill, Worcester, and Springfield.

The objectives of Alcoholics Anonymous are, first, to attain and maintain sobriety; second, to recover from the things which make people drink; and third, to help others who are interested in becoming well. These objectives are reached by the recognition that the alcoholic cannot attain and maintain sobriety for anyone but himself. The fact of his sobriety must take precedence over everything else. Those things, fear, hate, envy, and unrealistic idealistic dreaming, must be overcome before a recovery may be effected. He must renounce his isolation, inability to accept frustration, and his self-importance. The fellowship offers, in connection with the first objective, a group where sobriety through total abstinence is the rule. In connection with the second objective, the fellowship offers a group which attacks individualism, and the idea of self-importance in the interest of recovery. And the third objective becomes meaningful when the recovered alcoholic becomes part of a group devoted to a common problem. And through helping others the alcoholic who has recovered sees himself as part of a world larger than himself, and he realizes that he is not the central figure. The world then does not exist primarily to serve the purpose of his inner self. By helping others, and overcoming his propensity to isolation and self-willed importance, he becomes one with humanity.

1 Anonymous, "The Book is Born," The Grapevine, Vol. 2, No. 2, p. 2.

2 Anonymous, Alcoholics Anonymous, pp. 353-400.

CHAPTER IV

ORGANIZATION, POLICIES, MEETINGS, AND ACTIVITIES OF ALCOHOLICS ANONYMOUS

From the resources of medicine, psychiatry, religion, and the personal experiences of recovered alcoholics, basic concepts were developed by the trial and error method. When this knowledge was published in book form under the title, ALCOHOLICS ANONYMOUS, in 1939, the fellowship came to be generally known by the name of the book.¹ At this time a seven-member "trust" was created, and it came to be known as The Alcoholic Foundation.² Three of the members were Alcoholics Anonymous members, and the other four were business men who volunteered their services. These four latter members who are not Alcoholics Anonymous members, will always constitute a majority of the board of the foundation. The foundation, which maintains offices in New York City, is sponsor of all national undertakings. The foundation welcomes inquiries from groups and individuals, from scientific and religious societies, and from organizations which deal directly with medical institutions. The foundation also handles whatever royalties accrue from sale of the book and whatever other funds come to hand; it also handles all business engagements touching upon the national aspects of the alcoholic work. When indicated, the foundation establishes precedents.

1 Anonymous, "The Book is Born," The Grapevine, Vol.2, No.5, p. 2.

2 Anonymous, Alcoholics Anonymous, pp. 399-400.

Organization of the fellowship has at all times been maintained only at a level commensurate with the necessary work to be done. Over-organization has been avoided.³ There has never been a set of rules governing procedures since all alcoholics entering the fellowship are inclined to be egocentric, and therefore they resist being governed though they are not themselves unwilling to do a bit of governing. Feelings regarding authority are worked through with progress in the fellowship; however, the vital core of the fellowship lies in the new members, and the problem of authority is constant. The anarchistic individual yields to the persuasion of the spiritually centered program of recovery. Members have found sufficient humility to believe in and to depend upon God, and human authority is kept at a minimum.

Policies

Policies vital to the future of the organization have been developed. These include: the policy of anonymity, the policy for governing controversial issues, policies governing cooperation with medical, psychiatric, religious, and educational programs in the community. The policy of anonymity permits an individual to become a member of the fellowship and to enjoy comradeship with others of his kind who are facing the same issues that he is facing. He will be accepted without censure. Publicity concerning individuals who are members is avoided since publicity focuses attention on the individual rather than on the basic principles of the group effort.⁴

3 Anonymous, "Rules Are Dangerous," The Grapevine, Vol.2, No.4, p.2.

4 Anonymous, "A Tradition Born of Our Anonymity," The Grapevine, Vol. 2, No. 8, pp. 2-10.

The fellowship is very careful not to become embroiled in controversial issues. Why this should be so is apparent. All alcoholics, who sincerely wish to recover, are welcome. Anything, therefore, that would seem to come between any prospective member and the group is not considered to be of importance since, for the alcoholic, labels and platforms are not necessary for his recovery. Support is not given either the "wets" or the "drys". Political and educational issues which involve controversial issues are avoided.⁵ The approach to alcoholism in the fellowship is based upon the experiences and recoveries brought about within the organization. Principles of medicine, psychiatry, and religion are used freely and in ways fashioned to meet the needs of the individual. The fellowship has contributed to the programs of psychiatry and religion in two ways: it has attained the ability to gain the confidence of the newcomer, and thus it has been able to extend a transmission line to him; and it has supplied for the alcoholic a society to which he may belong and enjoy and use the principle concepts of religion, medicine, and psychiatry. Working relationships are maintained with other institutions, with public and private hospitals and sanatoriums throughout the country.⁶

The spiritual conception that Alcoholics Anonymous maintains is of a practical, common sense nature. Since all inebriates present a more or less different problem, it will be seen at once that no single method will serve all inebriates. There is, therefore, an eager exchange of knowledge on the part of Alcoholics Anonymous lay therapists and clerical therapists. The

⁵ W.W., "The Fellowship of Alcoholics Anonymous," Alcohol, Science and Society, p. 472.

⁶ W.G. Wilson, "Basic Concepts of Alcoholics Anonymous," New York State Journal of Medicine, Vol. 44, pp. 1805-10.

fellowship endorses all denominations engaged in combatting alcoholism. Leading clergymen of all denominations have endorsed the work of the fellowship. The general recognition of the fellowship as the greatest community resource for the rehabilitation of alcoholics has made the group a co-operative agent in education. The work of Alcoholics Anonymous is avocational in nature, not vocational; therefore, the members are not always available for speaking engagements. However, whenever an opportunity is open for one of the members to accept a speaking engagement in behalf of the fellowship, he willingly does it. Generally, however, this engagement must be after working hours. The fellowship also takes part in the work of the National and City Committees for the Education on Alcoholism, State and National Social Work Conferences, and in the Yale Summer School for Alcoholic Studies. If it seems advisable, Alcoholics Anonymous also takes part in other non-controversial and welfare programs.

Meetings

Meetings are conducted to meet the local needs. All meetings, other than business meetings, open with a moment of meditation, and close with the Lord's Prayer. "Easy does it," is a byword of the group discussions. The three objectives sought in these meetings are these: first, to maintain sobriety; second, to recover from the problems underlying alcoholism; and third, to help others who wish to do the same. As a group increases in size, other groups are formed and the original one is necessarily reduced in number. Members from original groups sponsor the newly formed groups.

The prevailing mood of all meetings is a cheerful one. Meetings are

optimistic and humorous, though with a deep undercurrent of sincerity. Overhead expenses must be met, but since there are no dues charged of the members, the financing is arranged in different ways in different groups. One method is "passing the hat". Other groups prefer certain regular contributions. Established groups contribute to the central office. Some groups maintain funds for the hospitalization of those who need physical treatment; this is, of course, on a loan basis. In other groups, however, loans are sometimes made personally.

Several kinds of meetings are common to Alcoholics Anonymous groups. There are open meetings, closed meetings, beginners' meetings, meetings for old members concerned with sponsorship, and meetings for women only. There are, of course, business meetings.

Open meetings are held weekly in each group. Relatives, friends, ministers, social workers, and others who are interested are welcome. These meetings outline the program, describe the fellowship, and extend a welcome to alcoholics who wish to join the fellowship. Usually a personal experience of addiction and recovery is given by an old member and a new member. The week's activities of the particular clubhouse is outlined and a list of state clubhouse schedules (for the benefit of out-of-towners) is presented.

Closed meetings are for alcoholics only. Personal problems are frankly discussed and treated. Individual difficulties are examined. Psychic tensions are recognized and relieved if possible, and differences of opinion are worked out in common. Problems of resentment, prejudice, and self-sufficiency--problems acute to alcoholics--are discussed. The focus is on the individual need for recovery. Sobriety must take precedence over everything else.

Meetings for beginners must present the program concisely and pointedly. A method has been worked out for presenting the basic concepts in four forty-five minute discussions. Questions are encouraged after the outline has been completed. At these meetings the twenty-four hour plan and the three basic objectives of the fellowship are kept constantly before the group. The material is presented to show how and why the program works. The progress of newcomers in the group is emphasized. The sponsor accompanies his protege to the meeting.⁷

Meetings for old members are mostly conducted with a view to the protege-sponsor relationship. The sponsor is generally as close to the protege as possible; that is, he is about the same age, and has had experiences with his affliction which parallel his protege's. The responsibilities of the sponsor are these: to listen to his protege's life story, if that procedure is what the protege chooses; to keep in close contact with the protege; to see to it that his protege meets people, especially older members; to avoid discussion with his protege of personalities within the group--that is, if the personality being discussed will focus attention upon itself rather than upon accomplishment of the basic principles of recovery; help to make necessary adjustments in the financial and domestic problems of the protege if possible; to assist financially only in cases where it is expedient to do so; and finally to invite the protege to contact his sponsor at any time, and especially when he is in trouble and is in danger of relapse.⁸

7 Anonymous, "Saint Paul's Four Discussion Groups," The Grapevine, Vol. II, No. 7, p. 4.

8 Anonymous, "Sponsors," The Grapevine, Vol. II, No. 8, p. 15.

Special meetings for women only have been needed in certain communities for these reasons: first, some women are lonely drinkers and their habit is unknown to the community; second, relatives who will not admit that a woman is ill must be dealt with in some way, and the women only meeting seems to meet this problem best; third, some women are barbiturate addicts as well as alcoholics, and their treatment is best effected in meetings for other women of their kind; and fourth, to combat the stigma attached to women alcoholics, and to make it easier for a woman who wants to enjoy further anonymity than the ordinary meetings supply to meet with other alcoholic women to effect a recovery.⁹

Club houses are open every day and every evening. There are always small or large informal gatherings. Activities are reading, writing, listening to the radio, playing cards, serving refreshments, knitting, and crocheting. Special activities are arranged for non-alcoholic spouses of members who accompany them to the meetings. For these non-alcoholic spouses, the activities are purely social. Sometimes information and instruction about recovery are furnished them if so desired.

Recreational activities run the gamut: bridge, poker, costume parties, folk dancing, theatre parties, house parties, organization of orchestras, fishing, boating, and hunting trips. The important thing is that all of these social activities take place in a non-alcoholic setting.

⁹ Anonymous, "Women Alcoholics Have a Tougher Fight," The Grapevine, Vol. II, No. 2, p. 3.

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CHAPTER V

PROGRAM OF RECOVERY AND PRINCIPLES OF TREATMENT

The following principles are set down by Alcoholics Anonymous as guides for a program of recovery. Adherence to these principles is not, however, a condition of membership. As the new member develops confidence in these concepts, he accepts them more readily and relies upon them in his daily life.

1. We admitted that we were powerless over alcohol, and that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrong.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to all of them.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of those

steps tried to carry this message to alcoholics, and to practice these principles in all our affairs.¹

In step one the elaborate rationalizations by which the alcoholic has been trying to erect self-sufficiency on a foundation of inferiority begin to fade. The delusion that he can get over his alcoholism on his own is broken down. Sponsors never tell alcoholics who have newly become members that they are alcoholic, but by pointing out the seriousness of the individual case, and the use of Dr. Seliger's Liquor Test,² permit them to make their own decisions. Admitting that he is powerless to help himself reduces the individual to complete dependence on whatever or whoever can help him to stop drinking.

In step two the alcoholic who has difficulty in accepting the spiritual factor is asked merely to keep his mind open. He has decided that he wants a personality change that will permit him to stop his compulsive drinking. By using the tools of the fellowship, the sponsor assists the alcoholic who has stopped drinking to realize that he has been helped by a power greater than self.

The alcoholic, in step three, is an extremely self-willed individual. He is driven by forces of fear, self delusion, self seeking, and self pity. This step, since recovery depends upon the removal of such feelings, must be a decision to be God's agent rather than to attempt to be God. The individual becomes less interested in self and more interested in seeing how he can make his life more meaningful.

¹ W. G. Wilson, "Basic Concepts of Alcoholics Anonymous," New York State Journal of Medicine, Vol. 44, pp. 1805-10.

² Dr. Seliger, "Alcoholics Are Sick People", p. 15.

Step four calls for vigorous action to get rid of resentments andangers, for these are the things that have been making indulgence compulsive. This step is really the search for personality inadequacies. The inventory is set down on paper and analyzed.

Step five deals with how the errors in step four may best be corrected. The alcoholic leads a double life. He is very much the actor, a stage character who is affable and friendly only to serve his own selfish ends, and this usually at the expense of others. As the illness increases in severity, he builds and believes in a phantasy self. The value of this step is for the individual to learn the truth about himself by talking freely to another person and thus realizing his essential self more truly.

Steps six and seven emphasize willingness to get rid of the defects discovered in step four, and reliance upon a power greater than self for assistance.

Steps eight and nine call for action to repair wrong doing of the past. Enemies as well as friends must be approached. Restitutions, arrangements with creditors, and apologies must be made. The aim is for the individual to be hard on himself while generous and kindly toward others. This spiritual life is not theoretic since, to be effective, it must be lived.

Step ten serves to foster growth in understanding and effective living. This process must continue for the lifetime of the individual.

Step eleven must be used according to the individual interpretation. "Thy will be done," in the Lord's Prayer is often effective in meditation. If the individual belongs to some religious denomination, he is urged to attend its services. If he does not, he is urged to select a few prayers which emphasize Alcoholics Anonymous principles. Such a prayer as the

following is often effective: "God grant us the sincerity to accept things we cannot change, courage to change the things we can, and the wisdom to know the difference."³

In the twelfth step, a step vital to the individual's recovery, the member works with others who want to achieve and share the new way of life he has come to accept. He offers friendship and fellowship. In this way he calls upon one of the greatest reservoirs of power in man--the instinct for association with one's fellows. This latter Trotter has called the "herd instinct".⁴

Principles of Treatment

The treatment offered by Alcoholics Anonymous is individual and group lay therapy. The association of individuals in the fellowship begins when the newcomer, who is a confirmed alcoholic, first meets his sponsor. The sponsor understands the psychological isolation of his protege--why he feels no one understands or cares about him--because he has been in the same position himself. The sponsor also knows that until the alcoholic makes a positive emotional contact with another human being, he will be at the mercy of his immediate needs and impulses. His insight is derived from seeing in his protege a mirror of his own past. There is no condescension on the part of the sponsor since he, too, is alcoholic, and is maintaining his sobriety by helping others to do so. His very person offers a concrete and convincing hope to the addict.

³ W. G. Wilson, "Basic Concepts of Alcoholics Anonymous," New York State Journal of Medicine, Vol. 44, pp. 1305-10.

⁴ Foster Kennedy, "Medicine Looks at Alcoholics Anonymous," Pamphlet p. 10, reprint of discussion before The Medical Society of the State of New York.

After the sponsor has broken the protege's sense of isolation, after the protege has established a working relationship with his sponsor, then the bond is broken as the newcomer emerges more actively into the group. Now he may draw on the experiences of several people rather than of his sponsor only. The group increases his sense of kinship. Relating past experiences and comparing notes with new-found friends lays bare the techniques of the newcomer. His ruses, evasions, and rationalizations are now before the group, and he finds that drinking is not the only way to get relief. "Guilty secrets" and "private sins" are transformed into "trade secrets" of a common "alcoholic lore" in the half-humorous process of confession which goes on constantly in the group. As the individual progresses in the group, he finds it easier to expose his own inner defenses and this gives him insight into his own conflicts and problems. Thus the group capitalizes on its one great natural advantage--the personal experience of recovered alcoholics who know every trick and rationalization of the drinking "game".⁵

From the group, the recovered alcoholic goes out to sponsor and promote the recovery of other alcoholics. In this way he continually refreshes and renews his allegiance to the group by volunteer acts of inconvenience and self-denial. The horrors of relapse are therefore constantly before him to remind him of the consequences of drinking.

This method works only with those who are sincerely seeking to get well. Recovery is achieved by the alcoholic himself. There is no pampering of

⁵ Robert Freid Bales, "The Therapeutic Role of Alcoholics Anonymous As Seen by a Sociologist," Quarterly Journal of Studies on Alcohol, Vol. 5, No. 2, pp. 267-278.

newcomers. When he is willing to face the truth about his condition, the newcomer, if he sincerely wishes to get well, will make a strenuous effort to conquer and control his propensity for alcoholic indulgence.

The spiritual concepts which are the basis of all Alcoholics Anonymous work and therapy is presented so that it will appeal to agnostics, atheists, and to true believers. The process of conversion may be on a practical, matter of fact basis, a gradual spiritual reawakening, or through a positive spiritual experience. Since the alcoholic has admitted that he wants to get well, it is an act of humility to approach the group. Subsequent acts of humility make it easier for him to unburden himself. Reliance upon a power greater than himself, no matter what that power represents in the alcoholic's mind, is a positive act of humility. The spiritual reawakening may be spiritual in nature, or rational, or plain self-denial with interpretations depending upon the individual involved.

The inner core of narcissistic egocentricity, the seed of which may have been planted in childhood, is softened by relationships with other human beings, acceptance of the truth about personal matters, understanding, putting principles before persons, and by practicing the virtue of humility before a power greater than self. Helping others is a primary requisite since it is only in so doing that the alcoholic may himself remain sober.

Along with the therapeutic treatments above, there are certain mottoes which are emphasized because they seem to have the ability to decrease the tensions to which alcoholics are especially susceptible. "First things first," "Easy does it," and "Twenty-four hours," --these emphasize first, the necessity of letting go the trivial issues in favor of the more important ones, and second, the necessity for the individual's insight into the

program of easing into a new way of life, and third, the concept of "twenty-four hours" by which the alcoholic realizes that he must refrain from drinking from one day to another until the habit has become compulsive.

These methods are, by the way, not new ones; they are the usual methods employed by doctors and psychiatrists. The cardinal points in this program of recovery and principles of treatment are these: first, to admit the fact that alcoholism is interfering with the individual's life; second, to realign the personality through analysis and catharsis; third, to adjust personal relationships; fourth, to depend upon a power greater than self; and fifth, to work with other alcoholics.

The personality which develops simultaneously with physical growth has been classified into the following periods: infantile, from one to five years; latency, from five to eleven years; pre-puberty and puberty, from ten to fifteen years; and adolescence, from fifteen to eighteen years.

There are three phases of the infantile period: oral, anal, and genital. In the oral phase the child's desires are satisfied largely in the area of the mouth. The child associates his environmental attitude with food. Feeding is associated with security. The child needs feeding and affection in much the same rhythm as he is fed. In the anal phase of toilet training the child has for the first time power over his environment. He can give or retain either to please or displease his mother. He learns to postpone the instinctual desire to immediately empty his bowels and bladder in order to achieve the more distant goal of receiving approval. He begins

CHAPTER VI

CASE STUDIES

In studying the cases of the alcoholic women whose histories are presented the elements in the syndrome of alcoholic addiction are considered together with the elements of personality development. Growing up is a difficult process fraught with many conflicts. Psychic health is not determined by the absence of conflicts but by the adequacy of the methods used to solve them. Each stage of development leaves a residual of unresolved conflicts. These can mount into a force that holds the individual back from achieving the best of his potentialities.

The personality which develops simultaneously with physical growth has been classified into the following periods: instinctual, from one to five years; latency, from five to eleven years; pre-puberty and puberty, from ten to fifteen years; and adolescence, from fifteen to eighteen years.

There are three phases of the instinctual period: oral, anal, and genital. In the oral phase the child's desires are satisfied largely in the area of the mouth. The child associates his environmental attitude with food. Feeding is associated with security. The child needs fondling and affection in much the same rhythm as he is fed. In the anal phase of toilet training the child has for the first time power over his environment. He can give or retain either to please or displease his mother. He learns to postpone the instinctual desire to immediately empty his bowels and bladder in order to achieve the more distant goal of receiving approval. He begins

to renounce his own pleasures through love or the fear of the loss of love. He begins to develop a conscience through identification with his mother and thus to want what she wants. He begins to adapt to reality. In the genital phase the child becomes more aware of himself and the outside world. His curiosity expands to questions about life, sexuality, and reproduction. The girl is conscious that she lacks a penis, feels castrated, and develops fears of further castration. The child tends to grow emotionally toward the parent of the opposite sex and becomes jealous of the parent of the same sex. During this period the child needs the security and backing of both parents, and their love and understanding toward a gradual acceptance of tolerating anxiety and guilt. Parental rejection, overprotection, and over-indulgence interfere with normal development.

During the latency period instinctual urges subside and there is a great unhampered development of the ego. In the pre-puberty and puberty periods there is a thrust of activity toward new objects. Emancipation from the family ambivalently begins. Resolved or unresolved conflicts of earlier eras play important parts. For girls unwholesome attitudes toward menstruation and a lack of sexual education can cause great emotional damage. Unresolved castration problems from the genital period cause bi-sexual conflicts. Adolescence is the last battle before maturity is reached. There is a resurgence of the sexual drives and a danger that inner drives will overwhelm the controlling mechanisms. The adolescent casts off the old ties and creates the new ones. He feels lonely, frightened, and insecure. He becomes narcissistic and self-centered to bolster his self-confidence.

Some adults never mature beyond certain earlier periods, while others who cannot tolerate current stresses regress to a stage of development they

could cope with. Immaturity is manifested by the use of such mechanisms as: the infantile attitude of omnipotence; pride, which denies the pain and humiliation of early love disappointments and deprivations; revenge against the disappointing love objects and against successful rivals; and a clinging to the first love object. Such mechanisms bring forth the attendant confusion between fact and phantasy and between thinking and doing, and give rise to guilt, anxiety, and hostility.

CASE I

Pearl, forty-seven years old, married, separated, and has one child. She has an ever-ready wit and a keen sense of humor. She appears to be serene, relaxed, and happy.

Her father was a chemist in the leather business; Pearl described him as an easy-going idealist, little concerned with material acquisition. He turned over all his money to his wife. He was fond of his children. Twice a year he indulged in a three-day drinking spree. He did not dare to go home at these times.

Pearl's mother was described as a proud and ambitious woman; she was eager for material possessions. She was an over-meticulous housekeeper. In order to have her housework properly done, none of the work was entrusted to Pearl. Rather, her mother preferred to have Pearl out of the house. Pearl was often upbraided by her mother for being impractical and too much like her father.

Her oldest brother, Tom, was her mother's favorite, to whom he was closely tied.

From an early age Pearl felt rejected by her mother. She spent the greater part of her time out-of-doors alone. She was interested in nature-study and wrote verses and drew pictures of the rocks and the ocean.

Pearl found companionship and happiness in school. She was good in her studies, got on well with her teachers and classmates. She was an excellent swimmer, and played basketball and baseball well. She had a favorite English teacher in High School who fostered her interest in writing and gave her private lessons.

Pearl received no sex education. When her menses appeared she was fourteen. She was frightened and thought something terrible had happened. Her mother paid slight attention to her fears and gave her a minimum of instruction. While in high school Pearl was extremely self-conscious and bashful in her relationships with the opposite sex. When she had a date with a boy to go to the movies, she would insist that he walk on the opposite side of the street and not join her till they got to the theatre. If a boy touched her arm or held her hand she blushed.

Pearl said she fought hard to go to college, but her mother disapproved and mentioned that it was time for Pearl to be bringing money into the home. Pearl did, however, attend the State Teacher's College which required no tuition for the two year course. Week-ends and summers she worked in a department store as a salesgirl. At college Pearl was class editor, member of the cricket club, and a member of the hiking club. She never attended the school dances.

While home on a summer vacation Pearl met Tom, an Irish Catholic, who was ten years her senior. She felt comfortable with Tom because he was quiet, slow in making advances, and made no embarrassing remarks. Tom was not a good mixer socially, so they spent their courting days along together. They were married in 1925.

Eighteen months later Pearl gave birth by Caesarian operation to a daughter who lived only a few hours. Complications developed which caused Pearl to be hospitalized for three months. After work Tom just sat silently and read the newspapers. He was neat, fussy, methodical. Pearl was becoming nervous in her efforts to please Tom. Their sexual life was highly satisfying to Pearl. Pearl worshipped Tom, but she was lonely because they had no friends--simply because Tom didn't want any friends. They lived in various places. Pearl was a day substitute and a night teacher.

From 1929 to 1932 Tom was unemployed. Pearl's mother invited them to live with her. This arrangement was unsatisfactory because Tom and his mother-in-law could not come to agreeable terms about the payment of board. The couple moved into a furnished room where they lived frugally because Tom did not like to dip into their savings too heavily. Tom got used to unemployment and rarely looked for work. When prohibition was repealed he began to drink the near-beer, and later the real beer. Pearl did not imbibe because she did not like the taste of beer.

In 1933 Morris was born, and following his birth Tom began

to drink more heavily. Tom was angry because his wife had given birth to a son instead of a daughter. He refused to have sexual intercourse with her. Pearl, who was passionate, began to lose weight. She became increasingly more nervous. When she discussed her feelings with Tom as her priest had advised her to do, he replied that he would love her when she deserved his love; that she should become more spiritual and less primitive. The couple had no intercourse for eight years. When Tom was sober he was ugly and fault-finding, so Pearl was glad when he drank. He wanted her to drink with him and she did. She found that in their drinking together they recaptured the earlier and happier moods of their courting days.

In 1937 Pearl was working for General Electric Company and Tom was working away from home. On their week-ends they both drank heavily, but neither drank during the week. Mondays following Sunday night's drinking Pearl vomited and was ill. She found that a drink the first thing in the morning would settle her stomach. Then during lunch hour she would get another drink. She began to associate with co-workers who drank. Before long she was drinking daily and had lost her job.

In spite of Tom's anger, the first time he came home and found his wife intoxicated, they continued to drink together. Intoxication would make Pearl more affectionate. Tom tantalized her by pretending he was going to kiss her, but would then slap her in the face.

Once Pearl fell asleep in the middle of an argument. Tom threw cold water in her face to awaken her to continue the argument. Pearl threw articles of furniture at him and he hit her. Tom then telephoned the police that his wife was intoxicated and was threatening suicide. Pearl escaped from the apartment and went to the roof where the police found her. After her arrest Morris went to live with his grandmother. Pearl was lonesome for her son and began to feel that everyone was in a conspiracy against her. She was so distraught that she fancied the cat looked at her accusingly and she thereupon refused to drink in front of the cat. She consumed between a pint and a quart of liquor daily. Pearl prayed to stop drinking and even made several efforts to remain sober. She would go "on the water-wagon", but always "fell off" after a month or six weeks. A Catholic social worker suggested that she go to the House of the Good Shepherd to get the alcohol out of her system and build up her strength. Pearl was willing to do anything that would help her against her compulsive urge to drink. Her husband signed her in at the institution. Here there

were more prostitutes than alcoholics. The inmates were not interested in improving their lots, but were rather more concerned with making plans for the continuance of their profession once released. Pearl hoped that the spiritual atmosphere would help her, but found the routine rituals to be of little significance.

After her release Pearl went on a ten day drinking spree. Depression and remorse followed. She could not stand her husband's lecturing and walked out suddenly one day. She did not ever want to return; she did not ever want to drink again. She thought that by taking a bus ride she could come to some conclusion about her problems. She knew that if she was on the bus she could not get a drink. The movement of the bus seemed to ease her frustrations. She sat on her hands to keep them from trembling. She says that she must have been talking to herself because the other travelers were staring at her. She tried to keep her lips motionless but decided that she had taken the bus ride to talk to herself and that she hated the other passengers because their lives were easy and hers was impossible. She began to wonder if she was insane and didn't know it. When she got off the bus and found herself in a tavern ordering a drink, she decided she must be insane and went away from the table before the drink was served. She went to the Psychopathic Hospital. Here the admitting physician told her that she was recuperating from her spree and that she would be all right. She insisted that she was ill and told of her efforts to stop drinking. She was hospitalized for ten days during which time her appetite returned and she ate well of excellent meals. The environment was pleasant and quiet. The woman psychiatrist who gave her psychotherapy suggested that she continue treatment after her discharge. The doctor gave Pearl a list of times when she would be free and invited her to visit at any time.

Following this hospitalization, Tom and Pearl decided to stop drinking, to sign pledges with their priest, and to go to another city for a fresh start. They took their son with them. Things went well for only a short time. Pearl neglected the child and spent the grocery money on liquor. She was going from bad to worse. In January, 1941, while drinking, Pearl read an article entitled, "Alcoholics Anonymous," by Jack Alexander, in The Saturday Evening Post. She recognized herself to be an alcoholic and agreed that only God could help her. She went to a church to pray. There she found a pamphlet entitled, "One Hour with Jesus," which stated that Jesus always loves people and that what cannot be done without Him can be done with His help. She had intentions of writing to the Alcoholics Anonymous postoffice box number. She drank no more that day.

On the following day she set out to do her week-end shopping. She met a casual women acquaintance who asked her to have a drink. Several rounds of drinks followed. Then her companion suggested that it would be more economical to buy a bottle and go to a friend's apartment. At this apartment Pearl believes that there was dope in the first drink. Many people of a disreputable kind were at the apartment. Pearl fell into a stupor. When she awoke it was dark. As she was trying to get out a man attacked her. She yelled, screamed, and kicked him in the groins. When she was in a tavern ordering a drink to brace herself for the walk home, the police arrived. Neighbors who had heard the screams had notified the police. The people in the apartment stated that it was she who had started the disturbance. Pearl discovered that her wrist-watch, ring, and money had been stolen. The police were eager for information concerning this apartment. It had been under surveillance, but no definite information had been obtained.

This event settled in Pearl's mind her previous ambivalent feelings about wanting to die but being afraid of death. She drank deliberately now, with the idea in mind that she wanted never to be sober. She hoped that she would consume enough liquor to die.

In an unconscious stupor she was hospitalized at the City Hospital. She remained there for ten days. The psychiatrist talked with her about Alcoholics Anonymous. Pearl welcomed the idea of being referred to the group. The nearest group was fifty miles away. A member came to visit Pearl. Pearl felt that God had been working for her salvation as a result of her one sincere appeal. She had feelings that her worries were over and that she need not worry any more.

She traveled fifty miles weekly to the meetings of Alcoholics Anonymous. She made rapid progress and was soon doing twelfth step work in her own community. Three months later Pearl discovered a man from her community who was also doing twelfth step work. Together they founded a group in their community which now has eighty-five active, sober members.

In the summer of 1943, after two years of sobriety, Pearl returned to her home city to undergo an abdominal operation. While convalescing, she interested some of her drinking friends in Alcoholics Anonymous. Pearl wanted the leader for this group to emerge from the interested persons according to the policy of Alcoholics Anonymous. The leader proved to be Mrs. Brown who was on probation for intoxication, and had a temporary civil service appointment as City Matron. Plans were progressing for a big open meeting. The Mayor, members of the City Council, and members of Social Agencies were to

attend. The main speaker was to be a key member, a man who had been sober for five years and who was interested in fostering the expansion of Alcoholics Anonymous. He was coming from the group which Pearl had first joined in 1941. Pearl had some misgivings about Mrs. Brown, however. She decided that Mrs. Brown was not sincerely interested in the work, but was looking for a way to make secure her temporary civil service position, and perhaps to make it permanent.

Mrs. Brown told her probation officer of a man who was now drunk, but who, nevertheless, was sincerely anxious to stop drinking. This information caused the man's probation to be broken and his children were taken into the custody of The Society for Prevention of Cruelty to Children. Community feelings were aroused and Pearl was in a dilemma. Although she knew Mrs. Brown was not the person to found the group, her loyalty prevented her from giving the facts to the speaker who was scheduled. Pearl thought that if the meeting was postponed it would be better, so she appealed to the key speaker, but she did not give him her reasons. The speaker therefore came and the meeting took place as planned. It was a difficult time for Pearl. Pearl was absent from the meeting. She got intoxicated. Members from Alcoholics Anonymous groups from surrounding cities visited Pearl. They helped her to understand that the fellowship was expanding so fast that frictions and failures were bound to occur.

Pearl returned to her husband and resumed her activities in Alcoholics Anonymous. She considered her "slip" to be in the past. Nothing could be done about it. Since her husband could no longer complain about her inebriety, he began to make slurring remarks about marital fidelity. One day when Pearl had been at a convent with a nun, her husband accused her of having been with a man. He asked her to leave him. He said he was tired of hearing about the marvels of Alcoholics Anonymous. He concluded by saying that she would have to make a choice between the fellowship and himself.

Pearl left her husband, placed her son in a Catholic boarding school, and got a job in a war plant. Shortly after V-J day, Pearl's work stopped. Since then she has been devoting all her time to Alcoholics Anonymous activities. She stated that she is going to seek employment because the fellowship is avocational, not vocational. She now wishes that she possessed more of her mother's practical ability. She wants to send her son to college.

Pearl has personally interested two hundred persons in the fellowship, sponsored sixty individual newcomers, and has fostered the establishment of three groups in outside communities.

Comments:

Pearl's early life failed to provide some of the elements which are needed for the development of a healthy personality. Pearl did not have the backing, love, and understanding of both parents in the instinctual period. Pearl's mother had a low estimation of her father, considered Pearl to be like him, and did not give Pearl the acceptance and encouragement a child needs. This may easily have affected Pearl's later feelings of insecurity. However, Pearl did have a good relationship with her father which helped her with later relationships. Pearl made good school and occupational adjustments. The fact that in puberty Pearl had little support toward accepting and appreciating her role as a woman has a bearing on her heterosexual adjustment being self-conscious and embarrassing, which in turn led to a poor choice of a marital partner.

In her pre-alcoholic married life, Pearl was submissive. She over-evaluated her husband's love, deprived herself of social outlets to please him, and suffered from loneliness. Intoxication released tensions and inhibitions; permitted Pearl to fight with her husband, assert herself, and to seek companions. Two reasons mentioned by English and Pearson seem to apply to Pearl. Drinking gratifies an oral need and a sense of loneliness that can be traced back to a sense of loneliness in the early weeks and months of life.¹ Pearl reached the third stage of the syndrome of alcoholic addiction after unsuccessfully battling with the second stage.² However, Pearl's wish to stop drinking, together with her personality assets, made

¹ English and Pearson, Emotional Problems of Living, p. 25.

² Supra, pp. 6-9. Chapter II.

it possible for her to use the tools provided by Alcoholics Anonymous for personality re-integration and recovery.

CASE II

Rosie is twenty-nine years old, verbalizes easily, has a good vocabulary, and possesses a keen, alert mind. Rosie doubted if her material would be of any help since she had made a poor record of sobriety; however, she added that she had analyzed herself and the program. She said she was familiar with the problem of alcoholism and knew where her troubles lay. She has been out of step all her life, and she has no religious convictions. She has always been filled with resentments.

Rosie was married, had two children, and has separated from her family. She was reared in a slum section by her mother who is Irish Catholic, and her step-father who is Swedish and Protestant. Rosie never knew her father. The subject of her father was never discussed in the home and Rosie realized at an early age that she must not bring up the subject; if she did so, she could expect punishment. Rosie has a half-sister, Julie, who is one year her junior. Both parents worked, the father in a laundry, the mother by the day as a domestic. There was a small steady income. The father made a special effort to be fair with Rosie, and she was favored by her mother. Julie and Rosie played together in the home, but never outside. Since the parents were not at home during the day, the children spent the greater part of their time in the streets. Rosie liked to play Tarzan, pirates, gangster, and war games. Rosie described herself as a strong, healthy child. She said that she was stubborn, wilful, and constantly resentful toward authority. She even disliked those people who accepted authority.

When she was six years old, Rosie entered a Catholic school. She liked to trip other children, upset their games, throw spitballs, and put thumb tacks on seats. She was reduced from the third to the second grade because of her conduct, though her grades were consistently good. Once during recess, Rosie "skidded" into a teacher's pet who was eating "a nice, big piece of fancy cake". She pretended that she did not see the other child because she was so absorbed in playing "air-plane". Both the girl and her cake went to the ground. This was the incident which culminated in Rosie's expulsion from school. Rosie was happy to be transferred to a public school where she said she tried to play "smart Alec". However, she was disappointed that the teacher knew children and anticipated her pranks.

Rosie received no sex education from her mother. She knew about menstruation, conception, pregnancy, and birth from other children and from books. Before her menses which occurred when she was fourteen, she was acquainted with all the foregoing processes. She looked forward to being a woman, wife, and mother. She decided to be less boisterous and more dignified. She was not successful, however, in her resolutions. Although she tried, she could not interest herself in sewing, cooking, and general housekeeping. She was able to do these things, but her greatest concern was not with such activities. In the presence of young men she was self-conscious and tongue-tied.

When Rosie left high school in her sophomore year, she was about to be expelled. When sixteen, her mother asked Rosie to leave home and "go on her own". She got a job in a home where she "lived in" and earned five dollars a week. By constantly forcing herself, Rosie succeeded in satisfying her employers, but at the end of the first year she terminated her job as domestic. Rosie realized that she was unprepared for more satisfying positions, but she blamed her teachers for not encouraging her when she was in school. Rosie therefore returned to her former occupation and remained there until she married.

When she was sixteen, Rosie was flattered by Joe, who was thirty-six and whom she had known since she was six. When Rosie was nineteen they were married. Rosie said she never loved Joe, but that since he was the only man who had sought her attention, and since she wanted to be married and have children, she had no other alternative. Joe was a Latvian, a carpenter by trade, and a veteran of World War I. The couple had two children, Rosemary, born in 1938, and Rita, born in 1943.

Rosie had first partaken of wine when she was eight. With her sister, Julie, she had discovered a crock of beet-wine. Julie stopped drinking when her head began to ache, but Rosie had consumed all that was in the crock and then broke the crock. Rosie did not think of liquor or wine again until her husband took her to parties where they were served. She knew that wine made her relax and feel more at home, but wine was not served in sufficient quantities to please Rosie. She therefore developed the habit of finding out where the drinks were being dispensed and took surreptitious drinks on the side.

After three months of married life, Rosie tired of Joe who was moody, settled, and quiet. Their friends were his friends with whom Rosie had little in common. Now Rosie began to nip

wine during the day, unknown to Joe. By the end of their first year of married life Rosie was often violently intoxicated and aggressively belligerent. She fought with her husband, grocer, landlord, neighbors, and with police officers. If, while Rosie was drunk, there was no excitement, she sought it by throwing bottles out of the window in an attempt to hit a passing police officer on the head, and by other such things. During the past nine years, Rosie has been arrested seventeen times, and she has been hospitalized three times. All of these complications were due to inebriety.

In October, 1943, Joe, who was disgusted and discouraged, sought help from the Family Society. Rosie stated that the social worker from this agency was the first person to be interested sincerely in her problems. The worker was always kind, tolerant, and willing to be of service. The social worker, in her efforts to help Rosie, contacted Alcoholics Anonymous, studied their literature, and attended their meetings. She also discussed Rosie's problems with members of the fellowship.

In January, 1944, Joe suffered a nervous breakdown and was hospitalized at a Veterans Administration Facility for a nervous disorder. The Children's Friend Society placed their two children in foster homes. The home was broken up and Rosie went to live with her sister in an adjoining city. Rosie continued to consume about a quart of wine daily. On one occasion she was picked up on the street in a drunken stupor; on another occasion, while fighting with Julie, the neighbors called the police and Rosie was arrested. In her jail cell she attempted to set the place on fire by setting lighted matches to the pillow. The police brought her to the Psychopathic Hospital where she was hospitalized for two weeks.

Rosie, now no longer welcome in Julie's home, returned to her home city and got a job washing dishes. She also rented a furnished room. Rosie's social worker talked with her about the possibility of joining Alcoholics Anonymous. At this point Rosie was willing to try anything that would help her stop drinking. The worker went with Rosie to her first meeting. Rosie readily admitted that she was alcoholic; this fact seemed to be the link in the puzzle; she was pleased to know that she was not responsible for her behavior. She experienced no feelings of humiliation. Rosie quickly grasped an intellectual hold of the program, and decided for herself what she could utilize of the program and what she might disregard.

Discussions about humility bored her. Her estimation of priests and nuns was not high: the former she considered to

be too subservient, and the latter she considered to be too much given to dispensing too much unwarranted authority. These ideas of the priests and the nuns she tied up with the program in Alcoholics Anonymous and decided she could not accept the spiritual aspects of the program. She appreciated the fact that it was the first drink that was the cause of her trouble. She had often gone twenty-four hours without a drink. Therefore the "twenty-four hour plan" appealed to her. She need not worry about the future. All she had to do was to keep herself from drinking from one day to the next. She found the members of Alcoholics Anonymous to be friendly, but she was suspicious of the women members. She felt that they must have some angle that she did not understand; some motive that would be used against her in seeking her confidence. The social worker was the only one that Rosie really trusted and continued to be the only person that Rosie would tell "all" to.

Rosie remained sober for five weeks. She was then arrested for drunkenness. Her landlady had telephoned the police. Rosie sought help from her social worker rather than from a member of Alcoholics Anonymous. She was remorseful and discouraged. She felt that she had tried Alcoholics Anonymous and had failed. After discussions with her social worker she returned to Alcoholics Anonymous. She was surprised that she was still welcome. When Rosie got drunk again two months later, she contacted Alcoholics Anonymous and a woman member called at her room. This member took Rosie under her personal sponsorship.

In July, 1944, Joe was released from the hospital. The couple decided that it would not be wise for them to attempt house-keeping together. Joe went to live with his sister. Rosie and Joe are friendly toward each other and see each other about once every two weeks. Each contribute toward the payment of their children's board. They visit the children together and take them on outings.

Rosie's next period of sobriety ended when her sponsor moved to another city. This time she was arrested for throwing knives at people in the restaurant. Members of Alcoholics Anonymous who visited her pointed out that, though her case was severe, other cases even more severe had been successfully overcome. If she wished to get over her illness and wanted their help, they were willing to do what they could.

From January, 1945, to January, 1946, Rosie had four relapses. They were of shorter duration and were less severe. Rosie has kept her job as a short-order cook and earns thirty-five dollars a week. Every time that she relapses, however, she is

antagonistic, aggressive, and troublesome. During the last relapse, in January, 1946, she locked her sponsor in her room with herself, and threw the key out of the window. She then threatened the sponsor with violence.

At the present time Rosie is under the care of a psychiatrist as well as being a member of Alcoholics Anonymous. She spends leisure time at the clubhouse reading books and literature on alcoholism. Rosie finds it stimulating to argue points in small informal gatherings. She successfully interprets the program to new members who come to the clubhouse. She has not, however, sponsored any individual newcomer.

Rosie states that she knows how "alcoholic thinking" precedes her initial drink, and she thinks that she will have "drinking licked" when she reaches the point in her progress at which she will be able to accept the spiritual concepts.

Other members of Alcoholics Anonymous were surprised that Rosie should contribute material to such a study as this, but on most occasions when interviewed, she was cooperative. She is known by other members to be unpredictable and erratic. They think that she has intellectually--not emotionally--accepted the Alcoholics Anonymous plan of living. She is predominantly interested in theory. She cannot accept results unless they are accompanied by evidence and facts. She understands the reasons for everything, but she must be shown to be convinced.

Comments:

Rosie seems to have retained the infantile method of meeting frustrations with hostility and aggression. She has never learned to renounce herself in favor of love for others. She has achieved destructive domination in many situations and has gained attention through negative exhibitionism. Regarding the latter, particularly when coupled with Rosie's healthy, positive attitude toward menstruation, it seems reasonable to suggest that she feels inferior in her femininity and recoils from competition.

Rosie's habit of "exploding" for momentary self-centered thrills may have diminished, but her use of the technique of projection has protected her from psychic pain. She satisfies her desire for punishment by being

arrested. Alcoholism has complicated Rosie's adjustment, but alcoholism is not the primary factor in her problem. The attempts of Alcoholics Anonymous to help Rosie in overcoming self-aggrandizement and violent individualism can be helpful, but it may be that Rosie's problems are too deep-seated.

Her entrance into the fellowship was not a decision of her own, but was rather a positive expression which resulted from her identification with her social worker. The social worker had given her love, recognition, and acceptance,--joining the fellowship was her method of thanking the worker.

In the group Rosie has had to impress people with the knowledge she has gained from reading books on alcoholism and psychiatry. She likes small, informal gatherings where she can show off her knowledge; she argues to prove her point. She has not yet grown to be part of the group, and she cannot, therefore, enjoy the satisfaction which comes from what the group as a whole is achieving. Horney says that neurotics may intellectualize their problems, gain psychological self knowledge, and then use the intellectualizing attitude as a protection. The neurotic then does not experience anything emotional, and the protection of intellectualizing his problems also keeps him from realizing that he must change.³

It may be that the loyalties which Rosie has shown for her social worker and the sponsor from the Alcoholics Anonymous group may later develop into loyalty for the group effort. In the meantime, while Rosie is receiving psychiatric care, Alcoholics Anonymous is offering friendship, and a non-alcoholic setting where she is always welcome.

3 Karen Horney, The Neurotic Personality of Our Time, p. 247.

CASE III

Marion, age thirty-five, married, and no children, is quiet, unassuming, and well-mannered.

Marion is an only child of Americanized Latvian parents. Marion's father was an alcoholic. She described him as having been mild and taciturn when sober, depended upon her mother overmuch, and was high strung; while drunk, however, he was grandiose, generous, extravagant, and talkative. At the time of Marion's birth her father was a steamroller operator. Marion says her mother was fair, just, and patient. Her mother possessed business acumen, was industrious, and was economical and ambitious. The parents were not happily married.

The family religion was Lutheran. Marion's father, according to her recollections of his talk, was atheistic; her mother never went to church, but she did believe in God.

The family lived in a slum section because the mother had a lucrative business running the lodging house. During her childhood Marion had no playmates because her mother would not let her play with the rough neighborhood children. Marion's mother was very occupied with her work, and Marion was alone a great deal.

When Marion was eight her mother left her father because of his infidelity. She got rid of the lodging house and took the child with her to live with relatives in another city. Four months later she returned to her husband. The couple purchased a three family house in a suburb and moved into one of the flats.

Marion liked school, was good and got good grades, and was generally liked. She played hop-scotch and tag with her classmates during recess, but she did not enjoy the games. She liked especially to be with her mother when she was on business or social errands.

Marion's mother instructed her in sex matters. Her first menstrual period, which occurred when she was fourteen, annoyed Marion. They still do.

Marion's high school days were uneventful. She got on well with everybody, but it was a surface manifestation. She was not popular, participated in none of the group activities, and was generally bored. Marion disappointed her mother by refusing to go to college.

By now the family had purchased three houses and the family lived in one of them. Marion's father had had several jobs, including several enlistments in the merchant marine. Marion was employed in a clerical position, but a year later she was discharged because of ineptitude. Her salary had been twelve dollars a week. Out of her first salary she bought her mother a tea set. Her mother still cherishes the gift. Because Marion did not like work she decided to go to college. It seemed to Marion to be the lesser of the two evils.

Marion went to a large university where she majored in journalism, simply because she had to major in something. She liked college very much. Her grades were excellent and she participated in social activities and made many lasting friends. It was while in college that she met her future husband who was studying law.

Marion's first drink was alcohol in grape juice which she was treated to at a friend's house before a school dance. Throughout her four years Marion drank on social occasions. She received her Bachelor's degree in 1932. Since there were no jobs available because of the depression, she enrolled in a secretarial school which operated in conjunction with an employment agency.

Three months later the agency placed her as secretary to the sales director of a broadcasting company. Although she drank with her boss and to the neglect of her work, Marion declared her work must have been satisfactory because her boss was discharged for overindulgence and she was retained. Marion kept this job until she married in 1935.

After a courtship of six years Marion married Mark, who was two years her senior. Mark is a heavy drinker but he is not alcoholic. The couple went housekeeping in his home city. Marion describes her husband as convivial, and as a person who likes to be the center of attention. When he is intoxicated he likes to perform such antics as putting a light shade on his head while reciting "Ten Nights in a Barroom". He likes formal parties which require dress clothes so that after the party he can go from night club to night club to be greeted affably by customers and managers.

In intoxication Marion found relaxation. She was affectionate, found her companions engaging, and the world seemed to her to be a wonderful place. While sober she was bored. All their friends were of Mark's choosing and Marion had little in common with them.

In 1941 the couple built their own house. It had eight rooms.

Marion found little pleasure in homemaking and housekeeping, but she was competent.

Since 1938 Marion had been drinking the first thing in the morning, especially if she had been drinking the night before. The one drink in the morning led to four well-spaced drinks during the day. By 1939 Marion was going on drinking sprees which lasted from two to ten days. On these occasions she went by herself. Most of the time she would spend in bed with a bottle by her side. When on a spree she neglected her home completely. When she would go on a spree Mark would eat out and spend his evenings out. In between sprees Marion made many promises to herself and to her husband that she would not drink again. She would then remain sober from six to twelve weeks.

The couple practised birth control because Mark was afraid to father a child because of Marion's inebriety. He had a feeling that Marion's drinking would lead to tuberculosis. Her father had died in 1934 from the disease. When her father's illness was diagnosed, Marion had x-rays taken and she was discovered to have healed lesions. Marion argued with her husband that her physical constitution was sound. She also argued that if she had a baby there would be some incentive to sobriety.

Once while intoxicated Marion decided to commit suicide. Accompanied by her dog she locked herself in the garage, got into the car and started the motor. The dog was frisky and was enjoying life, so she abandoned the idea. Another time she decided to slash her wrists with a razor. She drank so much alcohol in an effort to summon the courage to slash her wrists that she succumbed and her husband found her on the bathroom floor with the razor beside her.

In 1942 Mark joined the army. He thought that the shock of his going away might help to straighten out his wife. They rented their home, and Marion went to live with in-laws. She got a job in an arsenal doing factory work which she found more interesting than office work. For a while she drank secretly without getting into trouble. She gradually drank more and more and would reach home intoxicated. Arguments with her in-laws led to a protracted spree of ten days. Her in-laws put her out of their house, explaining that she was a disgrace.

Marion returned to her mother, who was living alone in an apartment. After a period of training she obtained a job as electrician in the Navy Yard. Her periodic drinking spells continued, but her mother was sympathetic. Her mother

would try to help her taper off her drinking, and to eat. Her mother would telephone the Navy Yard and say that her daughter was ill. Marion told her mother that she was a victim of the disease called alcoholism. Her mother stimulated her interest in the Alcoholics Anonymous articles Marion had spoken of; Marion reread those articles at the public library. Marion thought she would be gullible to believe that such miracles had happened, but she knew that it would do no harm to investigate further. In a skeptical mood she telephoned the club, admitted that she was alcoholic, and said she was seriously interested in getting well. She was invited to visit the clubhouse, meet the members, and become acquainted with the program. She accepted and has been sober ever since. That was in March, 1945.

Marion believes she has a long way to go before she achieves a satisfactory life according to the standards of Alcoholics Anonymous. She feels that the clubhouse has given her a non-alcoholic atmosphere in which she can enjoy social relationships and sincere friendship. She has a readier insight into her problems, but she realizes that she has not yet broken away from her egocentricity to such a degree that she can help others who have suffered a relapse. She hopes that with progress she will be more able to give and less ready to take.

Marion is still living with her mother and is earning thirty-five dollars a week as a secretary to an engineer. She spends all her leisure time at the clubhouse where she crochets, takes part in informal discussions, talks with newcomers, and plays cards. Her husband is delighted with her progress in the fellowship. The couple intend to reopen their home in his native city and Marion will transfer to the Alcoholics Anonymous facility in that city.

Comments:

In Marion's early life she was denied the experience of playing with and learning to adjust to contemporaries. She depended upon her mother for her social outlets and found little joy in the doings of her school companions. She had no need to surrender herself in part to others, and had no mutual relationships on a basis of equality with others until she went to college. Here, alcoholic indulgence at social gatherings helped her to get "out of her shell". She made lasting friendships and enjoyed studies.

Until she went to college she had no engrossing aims or pursuits.

Marion depended upon her mother and later depended upon alcohol. Alcoholic indulgence is one of the most passive ways to get relaxation. Drinking requires no effort. Marion chose a mate upon whom she could depend. However, she succumbed to the vicious circle of drinking to relieve the symptoms of previous drinking.

Periodic drinking was the method by which she relieved the culmination of tensions and anxieties. Perhaps in childhood Marion developed none of the spirit of give and take that is necessary in life. Dr. Miller says that periodic drinking is a less serious problem than that of daily drinking, and that the periodic drinker has a better prognostic outlook. And the periodic drinker possesses a marked sensitivity to the external world.⁴

How realistic Marion's attempts at suicide were is not known. However, Dr. Menninger says that alcohol is a substitute for suicide; that the suicide candidate and the alcoholic have much in common; and that when alcoholic intoxication fails to give relief, the drinker may turn to suicide.⁵

Marion suffered enough internally to want to get well. Her initiative in contacting Alcoholics Anonymous shows purpose. The fact that her husband approves is a hopeful sign. At the present time Marion is not exposing herself to any alcoholic recreational settings. Through the fellowship program which emphasizes "live and let live", and the idea that the alcoholic must accept his limitations, Marion may build up sufficient resistance

⁴ Michael M. Miller, "Prognosis in Periodic and Daily Inebriates," *Quarterly Journal of Studies on Alcohol*, 5:430-433.

⁵ Ralph S. Banay, "Alcohol and Aggression," *Alcohol, Science, and Society*, pp. 149-150.

to remain sober even if her husband and his friends indulge.

CASE IV

Ruth, thirty-four, single, was cordial and vivacious, but she impressed the writer as being flighty and volatile.

She has one brother, Ed, who is seven years her senior. Her father was a furniture refinisher. He is French-Canadian. Ruth described her father as being easy-going, dependent upon his wife, and possessed of little business or managerial ability. Her mother was of Irish parentage. She spoke of her mother as being clever, capable,--"she could make one dollar look like five."

Ruth said of herself that she had been wild since the age of four. She constantly seeks affection and attention. As a little girl she liked to be rocked and petted until she went to sleep. If she awakened during the night she cried and screamed until her mother came to her. She remembered that her mother one night put her down by her father's door, saying: "I can't do anything with her, see if you can." Her mother sold cosmetics from house to house in cities throughout the state. Ruth was left with her brother, Ed, whom she despised. She used to run away from her brother, who did not want her around. She liked to hang around the fire-house and chase the engines to fires. She was a fast and reckless runner. She would dodge in and out of traffic to get to the fire before it stopped burning. She often got lost and the police would have to bring her home. She liked policemen.

At school Ruth never joined groups. She was happy when she misbehaved and did not get caught. She cheated in school, and often truanted to be at the scene of an arrest, accident, or fire. She made up clever lies and excuses. She liked to steal from the five and ten and make up fanciful lies to explain her possessions.

When she was ten her mother gave her instruction in sexual matters and advised her to expect menstruation. She was thirteen when her first menstrual period occurred. She displayed her soiled bloomers at the dinner-table and mockingly asked if that was what her mother had been talking about. She scorned the importance her mother had attached to the event and vowed it would make no difference in her life. Her periods caused her no discomfort nor inconvenience.

Ruth attended high school for three years. She developed

"crushes" on men teachers but always received the "brush-off". She wrote her own tardy notes in a disguised handwriting. She had several angry outbursts with girl classmates. When one girl, whom Ruth described as a stool pigeon, reported her, Ruth slapped her face and pulled her hair. The girl never talked about Ruth after that. Ruth was expelled when she assaulted another girl who had accused her of pestering a boy. Ruth would have liked attending dances with the boys of her class, but none of them ever invited her.

Ruth was seventeen when she was expelled from high school. She got a clerical job by lying to her prospective employer. She said that she could typewrite and do bookkeeping. She retained the job by being quick and affable. She anticipated many things and did them before others even noticed what ought to have been done. She worked for three years in the same firm. Her salary increased from fourteen to twenty-six dollars per week. She spent the greater part of her money on clothing and liquor.

Ruth had first drunk gin from a flask at seventeen. She continued to drink. She noticed that the men where she worked payed more attention to her than the boys at school did. This naturally made her happy. She also enjoyed dancing and excitement.

When she was twenty she went on a trip to New York with one of the male employees of the firm. He used company funds and the company automobile. Ruth lived with her cousin in New York. She had a gay time of it with her male friend, making the rounds of night-clubs and dancing and drinking. Ten days later the couple was apprehended. The employee and the employer came to a settlement out of court. Ruth's family seemed to accept her as a problem which they could do nothing about.

By now Ruth was suffering from the after-effects of intoxication and she was taking a morning drink and frequent nips during the day. From the age of twenty-two until the present time Ruth has had numerous jobs. She has been a cosmetics salesgirl, a lecturer on beauty methods, and a demonstrator. Her earning capacity is good. She likes the work and is successful--if intermittent--at it. Her inebriety and the following instability has been the cause of her rapid termination of jobs.

When she was twenty-six Ruth had her first sexual experience. Since that time she has had dozens. They have been casual drunken affairs. Ruth meets men when she is intoxicated, is attracted to them, goes off dancing with them, and finally

ends up in a hotel bedroom with them. When she becomes sober she cannot stand the sight of a man.

When she was thirty, Ruth's mother was killed in an automobile accident. Ruth said that she and her father had been bewildered ever since. Ruth attempted to keep house for her father, but squandered the household funds on liquor. Her widowed aunt came from another city to manage the home.

Ruth has been arrested twice. In 1942 her father had her arrested and taken from her home because she had tried to choke her aunt while intoxicated. All Ruth can remember about the occasion is something vague "about raw onions". Ruth's sentence was suspended. In 1943 Ruth was arrested as being an accomplice in a theft. A man she had met in a tavern had stolen the wallet and the watch of another customer. Her father arranged her bail and engaged attorneys. It was proved that the accuser had given the accused the wallet and watch to hold for safe-keeping until he became sober. The verdict was "not guilty". The court, however, referred Ruth to Alcoholics Anonymous. Ruth bribed her father into buying her two new outfits by promising to join the fellowship. Ruth was sponsored by an Alcoholics Anonymous member who was an attorney.

Up to this time Ruth had had infatuations, casual lovers, acquaintances; she had never had any sincere friends. The friendship, understanding, and help offered her by the group was amazing to Ruth. She had always got what she could when she could. She did not expect others to give to her without some ulterior motive. Ruth had been reared a Catholic, but she never went to church while drinking. During periods of depression and remorse she did return to the church. She attended Mass and Holy Communion daily. She said she had been an extremist in religion as in everything else. It had never occurred to her that by doing good for others one might help one's self and please God.

In the group Ruth found fun and excitement. She found as well a deeply satisfying sense of achievement toward a new way of life. She became a member of the executive committee and was active in the group for seven months. Her first relapse has been followed by others which came about every three or four months. However, during her relapse, she has retained her job because her employer has a relative who is a member of Alcoholics Anonymous; he is lenient, therefore, with Ruth.

In August, 1945, Ruth's father sold their home for \$5,000. Ruth said that they would never have done it if they had stopped to think. Since then they have been unable to get an apartment. Ruth lives with her aunt in a double hotel room.

The father lives close by in a furnished room. Ruth's last relapse into inebriety came at the time the house was sold.

Comments:

Throughout her life Ruth seems to have displayed a neurotic need for affection. Horney says that a neurotic of this kind has need to be loved, but is not apt to try and return the love. The neurotic cannot live by his own resources. This type of neurotic also feels that the responsibility for his life rests with others. This feeling of reliance upon others is intense.⁶ English and Pearson claim that this type of neurotic resorts to dependence upon others as a life-saving mechanism. Such a neurotic has advantages over other neurotics. He is not apt to be sensitive, and his problem is often no more than a frequent change of friends.⁷

Ruth manifests penis envy and bisexual conflict. Her attitude toward her first menstrual period was one of pronounced negation when she belittled the event and rejected it as a manifestation of womanhood. Helene Deutsch states that such a reaction is characteristic of the tomboyish girl who tries to express her defiant attitudes about being a girl. Such attitudes can exert a negative influence upon a girl's final decision to be a woman.⁸

The factors in Ruth's sexual affairs may be over-compensation: the attempt on her part to prove herself a woman. Her neurotic need for affection is expressed in a hunger for sexual gratification. Physical contacts serve as a substitute for emotional relationships. Relief from psychic tensions rather than sexual tensions is also a factor. Alcohol narcotizes

6 Karen Horney, op.cit., p. 133.

7 English and Pearson, op.cit., p. 27.

8 Helene Deutsch, Psychology of Women, p. 161.

the higher centers of the brain which control the faculties of discrimination and discretion--this factor is an important one in her casual sexual relationships.

Ruth uses religion and the confessional to serve her own ends when she is depressed. It is much easier to feel remorseful than to change the behavior that caused the remorse.

Ruth entered the fellowship of Alcoholics Anonymous by a court order which she accepted upon her father's promise to buy her "two new outfits". Ruth's problem is not primarily alcoholic, but Alcoholics Anonymous treats some underlying problems that cause indulgence as well as the problem of inebriety itself. The group has been effective in partially changing Ruth's behavior.

It may be suggested that Ruth's efforts to remain sober are for the purpose of satisfying or pleasing others. Thereby she may gain the recognition that she craves from the fellowship.

CASE V

Doris, twenty-eight, single, is a mild-mannered woman.

Doris' parents were Lithuanians; she has one brother four years her senior. Her father worked in a cotton mill. Doris described him as easy-going, kind, fond of his children, and filled with love and admiration for his wife. The mother worked in a cotton factory, too. Doris said her mother was the most beautiful woman she had ever known. Her mother was always just and fair. She was also an excellent housekeeper. Doris declared that her mother knew what action to take in every situation. Neither parent ever indulged in alcohol. The family religion was Catholic.

Doris was close to, and seemed to tag along with, her brother. She had many little girl friends to play with, and she liked to play with dolls. The family, which lived in a five-room tenement, was well knit together. The home life

was ordered and routined. The mother did the housework before she left in the morning for work; she left the children's lunch on the stove ready for heating. The family was not emotionally demonstrative. Hostilities within the family were repressed. Unkind words were not known among the family. The only display of emotion that Doris recalls was the result of her having lost the five dollars her mother had given her to pay the milkman. Her mother did not scold her, but tears appeared in her mother's eyes, and Doris wept, as did her brother. Soon the emotional aspects of the unfortunate incident were over, and Doris' mother explained that the money could be made up by saving an extra fifty cents every week for two months. Doris' mother taught her how to sew, cook, preserve, and other home activities. Doris liked very much to please her mother.

Doris' mother died of pneumonia when Doris was twelve. The family "went to pieces". Doris could not believe that her mother was dead, and for months afterward she would find herself running out to meet her mother.

When Doris' first menses occurred two weeks after her mother's death, she was frightened and ran to a chum's house. The chum's mother explained menstruation, but Doris thought it was a filthy, low, terrible, and degrading thing.

A year later the family moved to another factory town in another state. They thought it best to leave the home that was so filled with memories of the mother.

Doris liked school. She was quiet, well-behaved, and obedient. She had definite opinions of her own which she would not change. When she disagreed, she simply said so without any long explanations. Doris was always neat, clean, and well-groomed. She was precise and methodical in all her activities.

Doris went to work in a factory when she graduated from school at the age of fifteen. She did not get beyond grammar school. It was at this time that Doris had her first drink of liquor; it was home-brewed whiskey. She drank this at a chum's home before she and her chum went to a dance. Doris said that she became "dance crazy" and went to the dance hall every other evening. She drank gin with her companions between dances.

When she was eighteen years old she married Anthony, an American of Italian descent, and went to live with his folks. She and her husband both worked so that they could save money with which to furnish and establish a home for themselves.

Doris got along well with her in-laws. Because Doris wanted her marriage to be successful, she decided to refrain from alcoholic indulgence and to dance only with her husband. Doris did not imbibe at all during the three years of her married life. Eight months after their marriage the couple moved into their own home. Doris stopped working in the factory. She enjoyed home-making and was happy except for her marital relationships. Doris did not have an orgasm in her sexual intercourse, and the experience was painful and unpleasant. As time went on, Anthony, who had been drinking gin moderately, began to indulge more freely. He seemed less content than he had been with his mother and father directly after his marriage to Doris. Anthony was volatile, expressive, and quick to anger. Doris never expressed her feelings or moods. Anthony became abusive. Without ever losing her temper, or participating in fights with her husband, Doris warned him that she would leave him if he did not stop drinking and abusing her. In May, 1937, Doris decided to leave her husband. She did not tell him of her decision. At the time Anthony was a bus-driver. After serving him his noon meal one day, she packed her personal possessions, took a taxi to a railroad station, and went to live with a friend.

Anthony pleaded with his wife to return to him, but Doris was adamant. Doris found herself dissatisfied wherever she went. She returned home to live with her father and was still dissatisfied. She said she was not depressed because she could control her thoughts. She returned to the factory town, but she took up her lodgings with a couple, a Mr. and Mrs. Smith, who were both alcoholic.

After drinking for three months Doris found herself confused and too nervous to get along without liquor. She had developed a habit of always carrying a bottle with her which she called her "baby". She had it in her purse during working hours and beside her bed at night. Often at work when she did not need a drink, she was compelled to look into the purse to see that the bottle was there. She was not secretive about her drinking. Her employer and co-workers used to "kid" her about her "baby". She admitted that she could not live or function without liquor. She began to have an obsession that she would be caught without a bottle. She therefore always kept one on reserve. Doris said she has had fears of the same kind about other things, and she buys two articles--such as toothpaste, cold cream, and toothbrushes.

When Doris was no longer able to cope mentally or physically with the job at the factory, she stayed home and did the

housework for Mrs. Smith. Doris said that she wanted very much to stop drinking; she felt that she was on her way to either the gutter or the grave. She did not, however, confide her feelings to anyone. She went to church and prayed for divine assistance, but she would not go to confession. Doris said that she would never sincerely confess to a priest. This part of her religion she could not accept. Without telling anyone that she was doing it she gave up her bottle. For two weeks she did not drink. Then Harry, a boy friend, invited her to dinner and a show. He ordered wine with the dinner. After her second glass of wine Doris felt very ill and asked Harry to take her home. Doris felt too frightened to retire, so she sat and listened to the radio with Harry. Harry lived in the same rooming house. Soon another couple joined them. While the others were talking, Doris saw a big dog come from behind the stove. The dog shrank into a dot. Presently all breeds of dogs were coming from behind the stove; they likewise shrank into dots. Without telling her companions what she was seeing, she suddenly jumped from her chair and ran to the priest's house. She felt doomed; she felt that her end was coming. She fell on her way and cut herself, but she did not stop. While banging on the priest's door she saw a circus in progress, and clowns were juggling in the windows of the priest's house. The first thing she told the priest was that she was a divorced woman and could not take the sacraments. The priest told her that she was very ill. He arranged for an ambulance to take her to the hospital. In the hospital Doris saw all kinds of money on her bed. She warned people not to come near her because the money was all hers. The next thing Doris remembered was awaking to find herself strapped to a hospital bed.

By 1943 Doris had had delirium tremens three times. The police warned her that the next time she would be committed to the State Hospital for Mental Diseases. Following her third hospitalization she returned to live with her father. He was a janitor in a hotel. He got a room for his daughter across the hall from his own. After two months Doris resumed her drinking. She was never deeply intoxicated, but she continually imbibed. She did not eat. She became so tremulous and weak that she remained in bed. Her father did not lecture to Doris, but he did try to point out to her that with the continued use of alcohol she would kill herself. She and her father worked together toward minimizing the amount of alcohol being consumed. He gave her drinks in egg-noggs. She next gave her bottle to him on the condition that he would bring her drinks at certain intervals. A physician was summoned who administered bromides and urged her to take liquid foods. Doris said that the craving for alcohol was as intense as ever. She felt her own, her father's, and her

physician's efforts were not in any way lessening her desire for alcohol. One day she got out of bed; she was barely able to dress herself. She dragged herself down the stairs. She went to the police station where she told the chief of police that she was very ill from drinking. The chief of police called in the town doctor who told Doris that he could send her to the State Hospital. She was hospitalized for nine months. The first two months she spent in bed suffering from peripheral neuritis. She could not stand because of the pain in her feet and legs. Her eyesight was affected. Furniture and walls moved and danced before her. After she was out of bed she developed a fear of stairs. She could not descend stairs without somebody accompanying her and another person in front of her. She did not tell the psychiatrist about her fear. She used to argue with herself about conquering the obsession. Four months later she gained the courage to descend stairs one step at a time, holding on to the banister and without looking ahead. One day without giving any thought to her fear she ran down a flight of stairs. She felt that she was well enough now to leave the hospital. Social Service arranged for her placement in a small hospital where she could do ward work.

The second day after her release from the hospital she drank beer because her throat was dry. This was soon followed by a pint of liquor a day. The drinks were well spaced and she could continue her work. At the end of eighteen days she had a mild attack of delirium tremors. The supervisor thought that Doris might recover in the hospital where she was working, but Doris did not agree. Doris reported her condition to the State Hospital and a social service worker called for her.

During her second hospitalization a fellow patient told her about her husband who had recovered through Alcoholics Anonymous. The fellow patient's husband, who had recovered through Alcoholics Anonymous, was doing work for the fellowship. Doris manifested an interest in meeting the man. He came to see her and brought with him a copy of the book. He told her of his own unsuccessful attempts to give up alcohol. He told of his experiences in Alcoholics Anonymous and of his four years of sobriety. Doris suspected that the man had never been an alcoholic. However, when a woman member came to visit Doris, she accepted her. Doris knew, after the woman member had told of her agonizing experiences, that she must have been an alcoholic. For the first time in Doris' life she confided in another person. Doris left the hospital in March, 1945, and has not had a drink since. She was legally divorced from Anthony.

Doris is back at the general hospital. Her work is to clean surgical instruments. She works forty-eight hours a week and earns forty-five dollars a month and room and board. She shares a room with a congenial mate; she likes her room mate because she is clean and orderly. Doris has saved one hundred and fifteen dollars. She visits her father once a month. Her eyesight is normal but she still has trouble with her legs and feet; if she stands or sits still for any length of time they become numb. In damp weather her feet throb. She continues to correspond with Harry who has proposed marriage. Unfortunately, Harry recently succumbed to pulmonary tuberculosis and is hospitalized. Doris is planning to visit him as soon as she has a vacation.

Doris spends her free time either at an Alcoholics Anonymous clubhouse or at home where she busies herself with washing, sewing, mending, and listening to the radio. She reads the book, "Alcoholics Anonymous," daily. At the club she plays cards. She attends all the meetings that she can and has engaged herself in twelfth step work in the club rooms. She has not yet sponsored any newcomers.

Doris feels that she is making slow, but constant progress in her new way of life. She recognizes her own feeling of self-sufficiency as her chief obstacle. She says that she has felt all along that she is responsible only to herself for herself. She knows her battle is over if she can change herself and live for the rest of her life according to the Alcoholics Anonymous concepts. She has hopes of being one with humanity; serving and being served.

Comments:

In Doris' family there is a pattern of emotional repression. English and Pearson state that in such instances, when the emotional tensions of life must be endured, affects are built up which multiply through the years and cause apathy or emotional coldness.⁹

Doris admired her mother. She repressed any ambivalence toward her and wanted very much to be like her. The mother's death was a catastrophe for her. This uncontrollable event made Doris disbelieve in affection. She thereafter distrusted outside forces and clung to her infantile wish to

⁹ English and Pearson, op.cit., p. 28.

be powerful and self-sufficient. English and Pearson state that persons who suffer the loss of love are apt to fear that giving love will result in injury, harm, or unhappiness. Therefore, they lose through loss of love their capacity to love and are made emotionally cold thereby.¹⁰

Doris' attitude toward menstruation seems to fit into her pattern of methodical cleanliness. Helene Deutsch states that the idea of dirtiness in connection with the girl's menstruation can extend to the girl's entire body. Such extension makes the girl feel unclean and unappreciated.¹¹

Doris expected to make a success of her marriage without loving her husband. She did not take into account his temperament, feelings, and attitudes. Her inability to surrender herself to her husband sexually implies her distaste for any situation involving uncontrollable factors. She had a definite aversion to being carried away by feelings.¹²

Doris shows an unwillingness to confide, discuss, or agree with others. Horney considers this to be a striving for power. This also shows the neurotic's insistence that the world adjust itself to him rather than he to it. Doris protected herself from the potential wounds and frustrations of the real world by depending upon herself for love, admiration, and respect.¹³

Doris, being a steady daily drinker, presented a more perplexing problem than might have been the case if she were a periodic drinker. In this type of illness, the persistent, steady type, that is, there is a considerable degree of auto-compulsiveness, and a suggestion that the individual is

10 English and Pearson, op.cit., p. 28.

11 Helene Deutsch, op.cit., p.

12 Karen Horney, op.cit., pp. 162-187.

13 Ibid.

of a schizophrenic temperament.¹⁴

Doris became a member of Alcoholics Anonymous because she wanted to. Her determination to carry through her decisions, as manifested in her refusal to drink during her married life, can be an asset in the group.

Doris has achieved a personality change in Alcoholics Anonymous. She now has the ability to confide in people. She participates in detailed discussions, admits she is wrong when she is in the wrong, and alters her opinions. Doris can use her self-love by extending it to others. Her sympathy toward and desire to visit Harry manifest a spiritual progress.

Her rigid way of life will assist Doris in her new way of living. She will permit nothing to interfere with the work she is doing in the group. She attends meetings regularly, reads the book daily, and makes the group social activities her recreational outlet.

CASE VI

Mary, age thirty-four, married, separated, no children, possesses self-poise and self-confidence.

Her father was superintendent of a large shoe factory. Mary had a brother and a sister; Katherine, four years her senior, and Jack, four years her junior. The family religion is Catholic. Neither parent indulged in alcoholic beverages. The parents were active in the community, especially in church affairs. Mary said her father was pompous and self-important. Her mother was very much in love with her father. Both parents were described as being rigid, bigoted Catholics. Mary, who was considered to be very much like her mother, was the center of attention. Mary had temper tantrums when a child. The physician advised her mother to slap her in the face with a towel soaked in cold water.

Mary had a good disposition as a child. She loved to show

14 Michael M. Miller, op.cit., pp. 430-433.

off and play actress. She liked to dress up in costumes of her own design. She was a leader in her group of playmates. She made up stories and plays that created much interest among her chums. They would act these plays out with Mary always in the heroine's role.

During grammar school Mary received good grades but she found school boring. She said she liked to fool the teachers and get away with things not permitted. She liked to be the recipient of special attentions. Mary liked sports, especially swimming; she won prizes as a swimmer. She liked high school better than grammar school. She enjoyed popularity and was captain of the basket-ball team, vice president of her class, and was frequently chosen for the top role in school plays. Mary organized and was president of the first Junior Woman's Club in her state.

Mary's first menstrual period came when she was thirteen; she had received sex instruction. She said that she accepted menstruation without positive or negative feelings about it.

After high school Mary enrolled in a secretarial school for a two year course. Then she obtained a position and was promoted rapidly. She was in a position of considerable responsibility and authority. She delegated responsibility well, and she was well liked by those who worked for her. She said that her own estimation of herself was contagious, and whereas her feelings toward people were superficial, they were not so recognized because she had clever techniques for endearing people to her.

Mary was leading an active social life; she liked dancing. She took her first drink when she was twenty-one. She did not like the taste of gin, but she did like the sensations produced by gin. She had many suitors, and became engaged at the age of twenty-one to a young Protestant who was himself only twenty-two. Mary's family caused the engagement to be broken because of the religion. Religion meant nothing to Mary. She resented her family's interference when her ex-fiance married another woman.

In 1939, when Mary was twenty-eight, she married against the wishes of her family. Her husband, Fred, was thirty-four. Fred's religion was Catholic, but he had been divorced from his first wife. The couple eloped and were married by a Justice of the Peace. Fred was assistant manager of a large, fashionable hotel in an important capital city. The couple lived in an apartment in the hotel. Entertaining was part of Fred's job. There were gay dinner parties, celebrations

of all kinds, and formal and informal parties. Mary did not like the taste of most liquors, but she especially liked champagne. The couple routinely had cocktails before dinner, wine during dinner, and brandy after dinner. Mary, although attractive, did not make any friends on her own, but she was an outstanding success as a hostess. In this capacity she entertained Fred's guests, friends, and acquaintances.

To avoid boredom, Mary began to imbibe more freely. She would awaken during the night when the effects of the alcohol had worn off. Lying awake and thinking of the futility of life became so annoying that she developed the habit of getting out of bed to get drinks. She knew the liquor would make her drowsy.

Fred was not an introspective person and would not have understood Mary's moods if she had discussed them with him.

Mary soon began to drink secretly during the day. The effects of her indulgence were not obvious because she would have a masseur give her a rub-down, and she would be bathed and attractively attired before she greeted her husband. She accounted for her liquor breath by explaining that she wanted to taste a new liquor. Sometimes she would say that she had met an acquaintance at the hairdresser's who had asked her to have a drink. Her husband was shocked the first time she passed out at a dinner party.

When Mary's drinking habits had become uncontrollable, Fred arranged matters so that the waiters would not give her room service from the bar. There was no liquor available in the apartment. Mary kept her bottle hidden and would go out to refill it any hour of the day or night. Mary was arrested once. She had fallen asleep in the park while on her way to get more liquor. The case was dismissed.

Mary's husband was pleased when she told him she was going to have a baby. He urged her not to drink during the pregnancy, but the drinking habit increased. While she was hospitalized in a private sanatorium for three weeks, her psychiatrist suggested Alcoholics Anonymous. Mary's own efforts toward sobriety were futile. She felt that association with the fellowship might help, but her husband felt that it would be socially degrading. With psychiatric care Mary remained sober for four months. Mary said Fred had little insight into the problem of alcoholism, and did not comprehend what she and her psychiatrist had told him of it. He did not want his wife to abstain altogether, but to drink socially as all normal persons ought to drink. When his family came from the west coast to visit, he did not want them to know

that his wife was alcoholic. He urged her to toast with the rest the prospective heir. After the first glass of champagne the urge to continue was uncontrollable.

Fred was heart-broken when the baby was still-born. He told Mary that their marriage was over and that he was through with her. Mary contemplated suicide; she stood for four hours in front of an open window, trying to summon the courage to jump.

Mary returned to her family. She was so ill and tormented that only alcohol stilled her nerves. After four months in another sanatorium Mary felt well and thought that she was cured. She got a position as a private secretary and resumed her social activities. She terminated the sessions she had been having with her psychiatrist. The psychiatrist had told Mary that he considered alcoholism to be a symptom, and that he had been treating her for underlying personality maladjustments. Mary knew that she was self-centered. She wanted to be a social drinker and did permit herself an occasional drink at parties.

Six months later she was drinking so heavily that her employer suggested that she take a leave of absence with pay to straighten herself out. She went to a sanatorium for six weeks where she received the conditioned-reflex treatment. This was in March, 1944. By October, she was back at the sanatorium suffering from auditory hallucinations. Mary said that she would "put on" a "hysterical act" so that peraldehyde would be administered. That would "knock her out" in five minutes.

When her physician interested her in Alcoholics Anonymous she was receptive. A woman member sponsored her entry into the fellowship. Two days after her release from the hospital the craving for alcohol was so intense that she knew she would drink unless she returned to the sanatorium. She returned. Here she had many sessions with her sponsor. Other members came to visit her from Alcoholics Anonymous. Ten days later Mary felt sufficiently sure of herself to go to a meeting of Alcoholics Anonymous with her nurse.

Mary progressed rapidly in the group. By the end of November she was engaged in twelfth step work. She has sponsored newcomers. She is the secretary of her group and travels to various cities in the state in answer to requests from civic organizations and councils of social agencies who wish to acquaint themselves with Alcoholics Anonymous as a community resource for the rehabilitation of alcoholics. Mary has had no relapses. She is employed as an office supervisor in a large optical firm. She earns two hundred and seventy-five

dollars a month. She lives in an apartment near the Alcoholics Anonymous clubhouse.

Comments:

Mary is ambitious. She wants to be capable and efficient. She has used her talent, intelligence, and ability to achieve prestige. She has been successful in leadership and competitive activities. Her broken engagement and subsequent marriage suggest resentment to authority and the desire for domination. Her choice of a husband may have been on a basis of narcissistic identification, competitiveness, and hostility ensuing. Her drinking may have been an impulse to frustrate her husband's efforts. His refusal to allow her to join Alcoholics Anonymous may have been an impulse to frustrate her efforts to get well.

The only time that Mary contemplated suicide was when her husband rejected her. Dr. Menninger states that there is much clinical evidence that suggests that aggression and hostility released by alcoholic intoxication often turns against self and is manifest as attempts at self-destruction.¹⁵

In Alcoholics Anonymous Mary sees herself as part of a group that is achieving a purpose of society, and she recognizes that she can no longer be the central figure in a world that moves for her benefit solely. Individual achievement has been extended to group achievement. Self-love has been elevated to self-respect by devotion to a goal beyond self. Her self-regard has been carried out of its egocentric pattern by an objective which aims to help others. Her personality has blossomed by escaping from absorbing self-concern.

15 Ralph S. Banay, Alcohol, Science and Society, pp. 149-150.

CHAPTER VII

SUMMARY AND CONCLUSIONS

The study of the case histories indicates the following conclusions:

First, that most of the women accepted Alcoholics Anonymous after each had suffered severely from deep psychial and physical pain. Other methods had failed, and they looked to the fellowship as the only means left for rehabilitation. Other ways in which women accepted the fellowship were: a referral from a social agency, a referral from a court, and a voluntary joining of the group because indulgence was interfering with the woman's life activities, health, and happiness.

Second, these cases agree with Wall's opinion that alcoholic women make poor marital partners.¹ Out of the five women who had been married, two were divorced, and two were separated. In two cases their husbands interfered with their efforts toward recovery.

Third, the recovered cases indicate that recovery depends upon the ability of the individual for grasping the concepts of Alcoholics Anonymous and his further ability to act upon the measures accepted for help in recovery. In the improved cases, where the alcoholic occasions are less frequent and their duration appreciably diminished, factors impeding recovery seem to be, in one case, that the inhibitions which Alcoholics Anonymous builds up through religious and social means were not sufficiently strong to prevent relapses, and in the other the inability of the woman to accept the

¹ Supra, pp. 10-11. Chapter II.

program wholly while she was continuing to search for convictions.

The case studies bear out the Alcoholics Anonymous philosophy that recovery is achieved by the alcoholic with the use of the tools provided by the fellowship. The case studies also illustrate the complexity of the illness, the absence of any unitary pattern of personality prior to the illness and the similarity of personality pattern in individuals in whom the disease has led from a seemingly harmless inception to its complex and difficult end in the wards of hospitals.

This study shows that alcoholism develops in a wide variety of persons from a wide variety of causes. Many different approaches to the problem have been successful with many different individuals, but as yet there has not been found any definite cure.

The work of Alcoholics Anonymous has a three-fold aspect: first, meetings where experiences are related and problems discussed; second, all members are urged to study the book, Alcoholics Anonymous, which contains the basic tenets; third, the members work with prospects who are making their initial contact with the group. Helping others proves to be a two-way situation since it not only assists the beginner in his first efforts but it also aids the helper who derives from his efforts something which is essential for his continued sobriety.

The three basic elements in Alcoholics Anonymous procedure are shown to be surrender, relaxation, and catharsis. The techniques for achieving surrender are: the admission of being alcoholic, recognition of inability to cope with the illness, and willingness to accept help from a greater power. The mottoes,² "Twenty-four hours," "Easy Does It," and "First

² Supra, p. 33. Chapter V.

Things First," are effective toward acquiring relaxation. They suggest a simple, common-sense approach to the problem, an open-minded attitude toward Alcoholics Anonymous philosophy, and an avoidance of tension by an ethical day to day way of life. Relief is obtained by catharsis in which the member, through verbalizing his guilty, anxious, and hostile feelings, discharges unhealthy emotional reactions and gains insight toward a true picture of his situation.

Rehabilitation is brought about by an emotional urge and the fellowship relies on a spiritual force to achieve the emotional result of overthrowing the negative, hostile set of emotions and supplanting them with a positive set which permits the individual to live in peace and harmony with his environment and to share and participate freely.

Approved,

Richard K. Constant
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Schedule

I Personal History

Age
 Sex
 Marital condition
 Number of children
 Race
 Citizenship
 Religion
 Place of birth
 Ordinal position in family
 Early environment
 Important facts regarding parents and siblings
 Economic conditions in original family
 Personality make-up of parents
 School history
 Attitude toward men APPENDIX
 History of major illnesses, operations, and accidents
 Occupational history
 Marital adjustment

II History of Alcoholic Habits

First drink
 Social drinking
 Alcohol interfering with important life activities
 Taking a drink first thing in the morning
 Solitary drinking
 Recognition of alcohol as a problem
 Prolonged periods of alcoholic intoxication
 Accidents as a result of alcoholic intoxication
 Hospitalization as a result of alcoholic indulgence
 Attempts to control drinking
 Compulsive drinking
 Personality changes caused by drinking
 Admission that drinking was beyond control
 Referral to Alcoholics Anonymous
 Progress in Alcoholics Anonymous
 Relapses into intemperance
 Length of sobriety
 Present social adjustment

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